FOR STATE HEALTH DEPT.

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TO DEPUTY MEDIA. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nearly please execute the certifie, writing the ward "pending" in pend; in Item. 18. Give Pages 1, 2, and 3 to the funeral differ. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, priar to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6330 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06284 Reg. Dist. No. -

	e. COUNTY							Where deced	osed lived. If i		dence bef	ore odm	ission)
1		Arundel		MA	RYLAND	o. STAT	Mary	rland	6. CO	Anr Anr	e A	run	det
Л	b. CITY OR TOWN (It autside and give negrest town)	de corporete limits, write	RURAL	c. LENGTH OF ST	AY IN 1b	c. CITY	OR TOWN (II	outside co	rporote fimits,	write RURAL o	nd give n	eorest to	wn)
	Linthic	cum		7 mos		X	Linthi	Clim					
	d. NAME OF HOSPITAL C	OR INSTITUTION (If not in hospi			d. STRE	ET ADDRESS	-					ESIDENCE
	#41'	7 Shiple	ey Ros	h	200	#4	17 Sh	inlev	Road				A FARM?
	3. NAME OF	Fir		Middle		11	Last	4. DATE		Month	Doy	1	Year
	(Type or print)	ALBERT		CLAREI	VCE:	Δ T.T.	EN SR	DEATH		Tune	25		19 150
	5. SEX 6.		7. MARRIED	NEVER MARI	100	DATE OF B			9. AGE (In ye	on IFUND	RIYEAR	4	ER 24 HRS.
	Male	White	WIDOWED	DIVORCE	ED 🗆 S	ent.	8. 78	392	fort birthday)	yrs. Months	Days	Hours	Min.
Ī	100. USUAL OCCUPATION	Give kind of work	done 10b. KII	ND OF BUSINESS	OR INDUSTR	RY 11. BIRT	HPLACE (Stote	or foreign	country)	12. C	ITIZEN O	F WHAT	COUNTRY?
1	Retired Mas	ster Ma:	riher	(Merch	Mari	ne)	Novis	Sco	tia		TT :	S.A.	
1	13. FATHER'S NAME	3 3 3 3 3 3 3 3 3		(IIIDD OII)	21100 3. 1		R'S MAIDEN I		014		0.0	- AAA	
/	Howard Bu	arns Al	len					Tano	E. Hus	rhog			
-	15. WAS DECEASED EVER IN	U. S. ARMED FO	RCES? 16. SC	OCIAL SECURITY N	IO. 17. IN	FORMANT		Serie_	-	dress			
	Ves. no. or unknown) Ves	n, give wer or dotes of	service)	3 7 2 2 2 2 2	77	Mrs.	Alber	+ 0	A770*	Two			12 40
-	18. CAUSE OF DEATH	Enter only one cou	se per fine fo	((a), (b), and (c),	1	WITS.	AINEI	· L · C ·	Aller	19 011	INTER	THE T	TEN TEN
	PART E, DEATH W	AS CAUSED BY:				07220	100				ONSE	T AND DE	ATH
	IMM	EDIATE CAUSE (0)		Corona	ry UC	clus	TOII				-	Sudd	<u>len</u>
	420.1	DUE TO											400
	Conditions, if any,												
	(a), stating the unde	ritying DUE TO											
	cause last.) (c)		TDIDLITU 10 TO DO		AT AT 1. TEA	70						
2	PART II, OTHER S	IGNIFICANT CON	DILIONS CON	TIKIBUTING TO DE	ATH EUT N	OI KELAIED	TO THE TERM	INAL DISEA	SE CONDITION	GIVEN IN PA	RT 1(a)	PERFC	ORMED?
	3	····										YES 🗌	ио Д
	PART II, OTHER S 20g. EXTERNAL CAUSE N PRIMARY D or CONTRIL CAUSE OF DEATH.	BUTING 20	b. DESCRIBE	HOW INJURY OC	CURRED. (Er	nter nature o	if injury in Por	t for Pert I	l of item 18.)				
- 1			lest no		lee			1					
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	While of work	JURY OCCURRED Not while of work	focto	ry, street, of	Y (Home, farm fice bldg., etc.	.) 201. (Cit	ly or lown)	(C	ounty)		(Stote)
	21. I certify that	I taok charge				e, held	an Autaps	у П.	Inspection	M. Inqu	iry 🔼	. an	d in my
	opinion death resi	ulted fram: 1	Vatural co	uses IX. Ac	cident [7. Suid	ide 🗍 .	Homicide	Unc	determined		-	
	1	1	.6		1		- Laud /						
	ACTUAL SUGA	etane ?	MI n	uber	one	M.D. CHIE	F MEDICAL EX	AMINER [1			DATE S	SIGNED
8	SIGNATURE	1	1				STANT MEDIC	AL EXAMIN	ER 🗍				
	EXAMINER'S NAME (Type) Gus	stave H.	Faul	ert,M.I),		TY MEDICAL			5/25/5	9		
	220. BURIAL, CREMATION.	226 DATE THEREC	F 2	2c. NAME OF CEN	J. Va	CHALL		22d 10C	ATION ALLY 19	elino	e	(Stot	•)/
	23. FUNERAL DIRECTOR'S SU	GNATURE.	1112	ADDRESS	1 feest	1	240. REC'	D BY REGIS	TRAR 245	REGISTRARYS S	IGNATUI	1/10	7
	Poly	dit-	Ell.	Bu	10,0	ml.		0 - 151					
	1 Sing	(um)	ver.	1 open	1	111	DATELLY	F 3 3	<i>y</i> (Thing &	1 wallA		

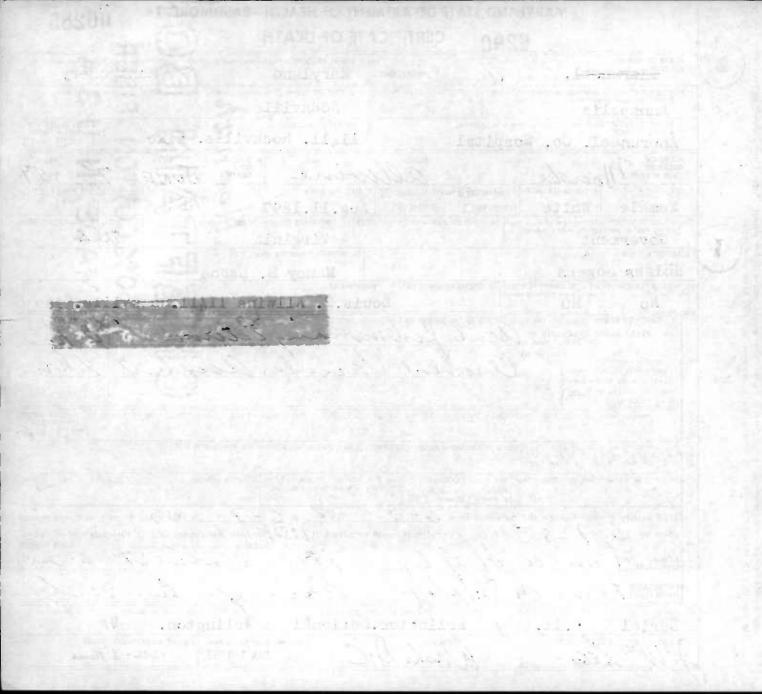
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Year

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(Stote)



leath. Page 4

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

VS A15 (4) 1SM 9/5B

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06286

6331 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

			_	
Reg.	Dist.	No.		

o. COUNTY Anne Arund	lel	MARYLAND	2.	o. STATE Maryland	here decease	b. COUNTY	on: Resident re Cit		e odmissi	on)
b. CITY OR TOWN RURAL ond give of Crownsvill	(If outside corporate limits, write nearest town) LE	10mo 5 days		c. CITY OR TOWN (IF Baltimore	outside corp	orote limits, write R	URAL ond g		rest town) /
d. NAME OF HOSPI OR INSTITUTION Crownsvill	ITAL (If not in hospitol, give stree e State Hospita	et oddress)		d. STREET ADDRESS 1421 Moshe	r Str	eet		е		DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	First Govern	Middle nor		Barnes	4. DATE OF DEATH	Mor	6	29	,	59
s. sex Male	2.0	RRIED NEVER MARRIED DIVORCED DIVORCED		6/98		9. AGE (In years lost birthdoy) 61 yrs.	IF UNDER Months	1 YEAR Days	Hours	R 24 HRS Min.
10a. USUAL OCCUPATI during most of wor Laborer 13. FATHER'S NAME	ON (Give kind of work done 10 rking life, even if retired)		Virgini MOTHER'S MAIDEN	ia	country)		S.A		OUNTRY	
Andr	ew Barnes			Mary A	Askew					
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	6. SOCIAL SECURITY NO. Unknown		mant pital Recor	rds	Add	ress			
Conditions, if a gove rise to couse (o), stoting lying couse lost. PART II. OT	DUE TO ony, which immediate the under-	Purulent Peritor Perforation of Pulmonary Tuber S CONTRIBUTING TO DEATH BU	Tul	perculous I			VEN IN PART	' '	PERFOR	RMED?
20c. TIME OF INJU Hour o. m. p. m. 21. I certify to alive an ACTUAL SIGNATURE	G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Doy, Yeor 20d. While	osed fram 8/24 59 and that deal	PLACE foctory,	OF INJURY (Home, forrestreet, office bldg., etc., 1951, to	m, 20f. (Cit	the causes an Street, city or town,	that I la: d an the stote)	st saw date	the de	(State) ecceasec abave E SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify	7-6-59	22c. NAME OF CEMETERY Crownsville	-		-	TION (City, town, wnsville	20.0		(Stote	:)
23. HONJERAL DIRECTOR	R'S STONATURE	ADDRESS	0	DATE	JUL 8		STRAR'S SIG			

pinlus:F The state of the s Marine and showing Dealers of management to the measure in The Comment of the first of the comment of the contract of the

ARYLAND	STATE	DEPARTMENT	OF H	HEALTH-	BALTIMORE,	18
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06287

Cathy & Krous

6291 CERTIFICATE OF DEATH

		0731		EKTIFIC	AIE OF	DEATE			Reg. D	ist. No		
1. PLACE OF DEATH a. COUNTY	Anne Arunde	1		MARYLAND	2. USUAL RES o. STATE	Maryl		d lived. If instituti b. COUNTY			re odmissi unde	
b. CITY OR TOWN RURAL and give		its, write	c. LENGTH	OF STAY IN 16	100	TOWN (IF o		rote limits, write R	URAL ond	give ned	orest tawn)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, o				d. STREET	ADDRESS	tht St	•				DENCE FARM?
3. NAME OF DECEASED (Type or print)	William	rst	C.	Middle	BENNING	ist	4. DATE OF DEATH	June	ith	21	,	Yeor 19 59
5. SEX Male	6. COLOR OR RACE White	7. MARRIE	-	R MARRIED [B. DATE OF BIRT		1882	9. AGE (In years last birthday) 76 yrs.	Months Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
during most of wo	ION (Give kind of work orking life, even if retired	done 10b. K	Tud	Ennap	1 1	arylar		ountry)	12. CI	U.S	WHAT CO	OUNTRY?
FATHER'S NAME	C. Be	nnir	19		14. MOTHER	deri	cha i	L. Wii	#			
15. WAS DECEASED EV (Yes, no, or unknown)	/ER IN U. S. ARMED FOR (If yes, give war or dates of s		OC/AL SECL	JRITY NO.	informant irs. Geo	rget	ta B	enning Add	ress	# (
	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1/	p/for (q), (b).	, and (c).]	Our -	Fil	rille	ation		ON:	ERVAL BET SET, AND	DEATH
Conditions, if			oror	rang	JRI	essel	mi				3 w	B.
gove rise to couse (o), stating lying cause last	g the under- DUE TO)		0								
PART II. O' PART II. O' OR CONTRIBUTIN (IF EITHER, NOTIF	THER SIGNIFICANT CON	IDITIONS CO	ONTRIBUTIN	G TO DEATH BU	IT NOT RELATED T	O THE TERMI	NAL DISEASI	E CONDITION GIV	EN IN PA	RT 1(a) 1	PERFOI YES [RMED?
	VAS UNDERLYING A IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW 1	NJURY OCCURR	ED. (Enter noture	of injury in I	Part I or Port	t II of item 1B.)	Ė			
20c. TIME OF INJU Hour o. m. p. m.	10	or 20d. IN While at wark	JURY OCCU Not wh	ile	PLACE OF INJURY octory, street, office			ar town)		(County)		(Stote)
21. I certify alive on	that attended the	decease 195	annipulation of the last of th	nd that deat			ADDRESS (St	the causes and treet, city or town,	d on th		stated	
PHYSICIAN'S NAME (Type)	James R. M	artin			An	napol	is, Md	•				
220. BURIAL, CREMATI REMOVAL (Specify		959	22c. NAME	OF CEMETERY	OR CREMATORY		22d. LOCA	NON (City, town,	or county)		Mistor	1/-
23. TUNERAL DIRECTO	R'S SIQUATURE	0	AD DRE	ss /	nd	24a. REC'	D BY REGIST	RAR 24b. REGI	STRAR'S S	IGNATU	RE	

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	Name of the last o		A CONTRACTOR OF THE PARTY OF TH	
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	ALECANIAN SALA		W. Commission of the Commissio	

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ary, please exercage 4 should be	ourier, cremation,	0

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6332 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

116288

Reg. Dist. No.

1. PLACE OF DEA					O. STATE		b. COUNT		ence bel	fore adm	ission)
h CITY OF TOY	Anne Arundel VN (If outside corporate limits, wri	n BUBAL	c. LENGTH OF STAY IN		Mew.	York		DILIDAL	d atom a		
and give neare	sl town)	IN ROKAL	c. LENGTH OF STAT IN	10	c. CITY OR TOWN (I				400	egress 10	wnj
	lorth Beach				Brooklyn 69x-3						ESIDENCE
	OSPITAL OR INSTITUTION	It not in hospi	fal, give street address)		d. STREET ADDRESS	73 1711				ON	A FARM?
	aven Motel				311		Street			YES [NO
3. NAME OF DECEASED	Fi		Middle		Lost	4. DATE	Mont	h	Day		fear
(Type or print)	ART				BERKOLDS	DEATH	Ju		26		959
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. D/	ATE OF BIRTH		9. AGE (In years last birthday)	Months			ER 24 HRS.
Male	White	WIDOWED	DIVORCED [J	an. 20, 19	02	57 yrs.	Would	Days	Hours	Min.
Tou. USUAL OCCU	PATION (Give kind of work working life, even if retired)	done 10b. KII	ND OF BUSINESS OR INI	DUSTRY	11. BIRTHPLACE (State	e or foreign co	ountry)	12. CIT	IZEN O	F WHAT	COUNTRY?
Cirria .	on ain oan				Latvia			Un	kno	wn	-
13. FATHER'S NAM	engineer			14	. MOTHER'S MAIDEN	NAME					
	Unknown				Unknown						
	D EVER IN U. S. ARMED FO	RCES? 16. SC	OCIAL SECURITY NO. 1	7. INFO			Address			1700	
(Yes, no, ar unknown)	(If yes, give war or dates of	olis.	-24-9242	Le	opold Berk	olds I	155 Wood:	ruff H	Broo	klyn	N.Y.
18. CAUSE OF	DEATH Enter only one co				1					EVAL BETW	
	DEATH WAS CAUSED BY:								ONSE	T AND DE	ATH
420.	IMMEDIATE CAUSE (o		onary Occlus	ston	•			1			
	if any, which b	Myo	cardial Infa	arct	lon.				-		
	the underlying DUE TO										
couse lost.	OTHER SIGNIFICANT CON		ITRIBUTING TO BEATUR	LITALOT	0514750 70 705 7504	ALLAN DISEASE	COMPINION	The Late Bank	-1.1.	0 1444.6	ALIZORON
PARI II	. OTHER SIGNIFICANT CON	IDITIONS CON	IIKIBUTING TO DEATH B	וטאוטו	KELATED TO THE TERM	MINALUISEASE	CONDITION GI	EN IN PAK		PERFC	RMED?
5	La companione la							200		YES X	но 🗌
PART II 200. EXTERNA PRIMARY O CAUSE OF DE	CONTRIBUTING	DESCRIBE I	HOW INJURY OCCURRE	D. (Enter	nature of injury in Pa	rt I ar Part II (of item 18.)				
_											
20c. TIME OF	INJURY Month, Day, Ye	or 20d. IN While	JURY OCCURRED 20e.	PLACE (factory,	OF INJURY (Hame, fari street, office bldg., etc	m, 20f. (City	or town)	(Co	unty)		(Stote)
WE	o. m. 19		al work								
21. I certif	y that I taak charge	of the re	mains described	abave,	held an Autap	sy 💢, In	spection .	Inquir	гу 🔲	, and	find that
death resu	Ited from Natural	causes X	, Accident [],	Suicid	e , Hamicide	e , Un	determined	ause 🗌].		
OF THE REAL	1,1	TA	_		Trace III						
ACTUAL SIGNATURE	11/11/11/11	Mill			D. CHIEF MEDICAL E	XAMINER [DATE S	SIGNED
SIGNATURE_		A CONTRACTOR	0	m	ASSISTANT MEDIC	CAL EXAMINER	· [2]		6	/27/	159
EXAMINER'S NAME (Type)	William V	Torri -	tt. Jr., M.	0	DEPUTY MEDICAL		-			/ - 1/	"
220. BURIAL CREM	AATION, 226. DATE THERE	OF 2	2c. NAME OF CEMETERY				ION (City, town,	ar county)		(Stat	e)
REMOVAL (Sp	June 29,		Greenwood			Brook				foroi	
-	CTOR'S SIGNATURE	-///	ADDRESS					STRAR'S SIG	GNATHI	RE	
Wm. Coc	ok, Inc. 121	7 St. I	Paul St.		DATE	UN 3 0	59 6	Litter d	. The	ua	
	,	200			UAIE						

VS. A15ME(5) 5M 9/55

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MAKYLAND STATE DEPARTMENT OF HEALTH-HALLHINGRE, 19

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TO HOSPITAL OR

VS A15 (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

06289

	6333	CERTIFICA	TE OF DEATH	Re	g. Dist. No.
	1. PLACE OF DEATH o. COUNTY Anne Rrundel	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE MARGA	b. COUNTY C	esidence before admission) NARYS
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give neorest town) Crownsville	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside		and give neares (town)
-	d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	6 MONTH	d. STREET ADDRESS	10	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) MAR First	EDITH	~ ~ ~ ~ ~ ~	EATH June	17, 1959
	FEMALE WHITE WIDOWED	DIVORCED	EB. 27, 18:	77 Ray yrs. Mo	NDER 1 YEAR IF UNDER 24 HRS. nths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife 13. FATHER'S NAME	OME	MARYLA	eign country)	2. CITIZEN OF WHAT COUNTRY
	WILLIAM F. FOR	CIAL SECURITY NO. 17. IN	14. MOTHER'S MAIDEN NAME ALICE FORMANT	PEM BI	ROKE
7	(If yes, give war or dates of service)		Mace Birch		s, Maraland
	1B. CAUSE OF DEATH [Enter only one couse per line II PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	or (0). (b), and (c).]	y lieart	elisease	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stating the <u>under-lying cause lost.</u> DUE TO DUE TO	ofe neral	sed pal	enosolieli	-3ig 10 zeas
	PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN II	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	206. ACCIDENT WAS UNDERLYING	BE HOW INJURY OCCURRED.	(Enter nature of injury in Port I o	or Part II of item 18.)	
	Hour o. m. While _	Not while of work	CE OF INJURY IHome, form, 20f pry, street, office bldg., etc.)	. (City or town)	(County) (State)
	21. I certify that I attended the deceased alive an	from $11-9$, and that death of		fram the causes and	at I last saw the decease an the date stated above
1	ACTUAL SIGNATURE POLICE	ALD M	D. 45 FAQUE	SS (Street, city or town, state)	DATE SIGNE
	PHYSICIAN'S EDITH RODE		ANNA PC	Lis N	ld, AAG
	Burial 6/20/59	St. Michae	crematory 22d.	LOCATION (City, lawn, or con	Md. (State)
1	23. FUNERAL DIRECTOR'S SIGNATURE W.Clarke Mattingley Led	nardtown,	MD. MD. DATE JUN 2		S. Kraug

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	S STATE	HOATE OF DE	19130		
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VS A1S (4) 1SM 9/SB

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١.	PLACE OF

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6334

CEDTIEICATE OF DEATH

06290

					Reg. Dist. No.	
PLACE OF DEATH O. COUNTY	A.A.	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institu b. COUNT		odmission)
b. CITY OR TOWN RURAL and give	(If outside corporate limits, we nearest tawn) Ferndale	ite c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside corporate limits, write	RURAL and give neare	st town)
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in haspital, give st	reet address)	d. STREET ADDRESS	Elm Ave		IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	First Madeline	Middle C. Bir	ningham		onth Day	Year
SEX P.	107	7	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days	
00. USUAL OCCUPAT during most of we Sales	orking life, even if retired)	10b. KIND OF BUSINESS OR INDU Becks Bakery	STRY 11. BIRTHPLACE (Stote of Md.	ar foreign country)	12. CITIZEN OF V	VHAT COUNTR
3. FATHER'S NAME	Richard Ca	SAW	14. MOTHER'S MAIDEN N	pplesteel •		
Yes, no, or unknown) 1B. CAUSE OF DI	(If yes, give war or dates of service) EATH [Enter only one cause p	Mr per line for (o), (b), and (c).]	Themas Birr	mingham, 108	INTER	Forno
	IMMEDIATE CALISE (a)	MOTANTATA	(Anne	CON A 41		
Conditions, if gove rise to couse (o), stoting lying couse last	g the under-	Ca y B	Carren	yro. port.	ep a) m
gove rise to couse (o), stoting lying couse last PART II. O	DUE TO ony, which immediate g the under. (c) THER SIGNIFICANT CONDITION VAS UNDERLYING 1 206.	Ca y B	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION G	IVEN IN PART 1(o) 19.	WAS AUTOP: PERFORMED? 'ES NO [
gove rise to couse (o), stoting lying couse last PART II. O PART II. O OR CONTRIBUTING (IF EITHER, NOTIF EITHER, NOTIF Hour o. m.	DUE TO ony, which immediate g the under to (c). THER SIGNIFICANT CONDITION VAS UNDERLYING 1 200. IS CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Doy, Year 20.	DESCRIBE HOW INJURY OCCURRED Od. INJURY OCCURRED Ohile Not while for	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION G	IVEN IN PART 1(o) 19.	PERFORMED?
gove rise to couse (o), stoting lying couse last PART II. O COURT III.	DUE TO ony, which immediate g the under. THER SIGNIFICANT CONDITION VAS UNDERLYING TO CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Doy, Year 20 11 19 of thot I oftended the decomposition.	DESCRIBE HOW INJURY OCCURRED Od. INJURY OCCURRED Work of work 19	D. (Enter nature of injury in PACE OF INJURY (Home, farm, ctory, street, office bldg., etc.	NAL DISEASE CONDITION G Fort I or Part II of item 18.) 20f. (City or town)	(County)	PERFORMED? (ES NO

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TO HOSPITAL OR

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6335

CERTIFICATE OF DEATH

116291

	, 0000		CERTIFICA	ATE OF DEAT	п		Reg. Dis	st. No.		
1. PLACE OF DEATH o. COUNTY Anne Arunde	1		MARYLAND	2. USUAL RESIDENCE (W. o. STATE Maryland	here deceased	l lived. If institution b. COUNTY Baltin			e admissi	an)
b. CITY OR TOWN (III RURAL and give ne	f autside carporate limits, wri	te c. LENG	TH OF STAY IN 16	c. CITY OR TOWN (If	outside corpoi				est tawn)
Crownsville		1 -	days	Baltimore		3 V	101-	4		
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give street State Hospit		Z	d. STREET ADDRESS 240 Dalla	s Cour	t			ON A	DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	First Anni		Middle Bell	Blake	4. DATE OF DEATH	Man	th	2 9		Year 9
5. SEX Female	6. COLOR OR RACE 7. WIDE	ARRIED 🔀 N	DIVORCED	B. DATE OF BIRTH 9/28/87		9. AGE (In years last birthday) 71 yrs.	IF UNDER Manths	1 YEAR Days	Hours	R 24 HRS Min.
10a. USUAL OCCUPATION during most of work Housewife	ON (Give kind of work done ing life, even if retired)	10b. KIND OF	BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State	e ar fareign co	auntry)		J.S.	WHAT CO	OUNTRY
13. FATHER'S NAME	ey Wickman		63	14. MOTHER'S MAIDEN						
	R IN U. S. ARMED FORCES? If yes, give war or dates of service)	16. SOCIAL S		NFORMANT Hospital Reco	rds	Add	ess			
332 X Canditions, if a gove rise to in cause (a), stating lying cause last.	the <u>under-</u> DUE TO (c)	Cerebr	al Thrombo	onia and Ure	Stem					AUTORO
Diabetes	Mellitus - Ge	nerali	zed Arteri	iosclerosis			EN IN PAR	1 1(a) 19	PERFO	RMED?
	MEDICAL EXAMINER)			D. (Enter nature of injury in						
20c. TIME OF INJUR Hour a.m. p. m.	1 . w	d. INJURY OG hile Nat wark 🔲 at v	while fac	ACE OF INJURY (Hame, far tary, street, affice bldg., et	c.)	ar tawn)	(0	Caunty)		(State
21. I certify the alive an6 ACTUAL SIGNATURE PHYSICIAN'S L NAME (Type)	at attended, the dec	159 Luy/			M, fram ADDRESS (St	the causes an reet, city or town, sate Hosp	d on the state) ital,	e date	stated DATI 6/29	abave E SIGNE 9/59
Texame (type)	N, 22b. DATE THEREOF		IME OF CEMETERY O			TION (City, Jawn,		L	(State	
23. FUNERAL DIRECTOR	Jan Mar	AD	DRESS J	h JB BATE	JUL 7	Contract to	STRAR'S SIG			

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PART AND ASSESSMENT OF SERVICE			per control to	

VS A15 (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6292 CERTIFICATE OF DEATH

116292 Reg. Dist. No.

								Keg. Dis	11. 110.	
1. PLACE OF DEATH a. COUNTY	Trudel		MARYLAND	2. USUAL RESID	DENCE (Where o		. If institut b. COUNTY		ce before adm	ission)
b. CITY OR TOWN THE	outside corporate limi	its, write c. L'	ENGTH OF STAY IN 16		OWN (If outsid	le corporate li	nits, write f	RURAL and g	give nearest to	wn)
Annapoli		11-7-6			Vashing	oton	1	47 X	- 3	•
d. NAME OF HOSPITA	AL (If not in hospital, g	give street addre	255)	d. STREET A		50011			e. tS R	ESIDENCE
Anne Aru	ndel Co.	Gen H	osnital	1211	Madiso	on Str	teet	N.W.		A FARM?
3. NAME OF	Fi		Middle	Los		DATE	Moi			Year
DECEASED (Type or print)	P	aul	H.	Brashe	ears	OF	_	14	Day	19 59
S. SEX		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH			E (In years birthday)		Days Hour	_
male	white	WIDOWED &		7/21/18			66 yrs.			
10a. USUAL OCCUPATIO during most of work	N (Give kind of work ing life, even if retired	done 10b. KIND	OF BUSINESS OR INC	DUSTRY 11. BIRTHPL	ACE (State or fo	oreign country)		12. CITI	ZEN OF WHA	COUNTRY
Retired, U	.S. Govt.	P.O.]	Dept.	D.0					U.S.	A
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NAME	E				
Shipley	Brashear	5		Mar	y E. I	Phelps	3			
IS. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. SOCI	AL SECURITY NO.	INFORMANT			Add	dress V	Wash, I) C
no	no	ne	o M	rs.Irma	Sutter	3020	T17	den S	St.N.W	
	TH [Enter only one co					-			INTERVAL	BETWEEN
	TH WAS CAUSED BY:				- 1100		,		ONSET AN	DEATH
11201	IMMEDIATE CAUSE (1-1740	CARDICARDIC	+L/NI	TICC	TION			3 170	JUK S
420.1	DUE TO								24	0.1
Conditions, if on		CORO	NARYT	HRomi	30515				SHO	IKS
gave rise to in cause (o), stoting t			/							
lying cause last.	1	:)								A
PART II. OTH	ER SIGNIFICANT CON	IDITIONS CONT	RIBUTING TO DEATH B	UT NOT RELATED TO	THETERMINAL	DISEASE CON	DITION GI	VEN IN PART	T 1(a) 19. WA	S AUTOPSY FORMED?
N N] NO [
PART II. OTH PART II. OTH OR CONTRIBUTING (IF EITHER, NOTIFY II	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter nature o	f injury in Port	l or Port II of	item 18.)			
	·		00	BLACE OF BUILDY I	1	06 402	ε.			10
20c. TIME OF INJURY Hour o. m.	Month, Day, Ye	While		PLACE OF INJURY (I foctory, street, office		Of. (City or to	wn)	(c	County)	(Stote
₽. m.	19		at work							
21. I certify the	at I attended the	deceased f	ram 10- 14	4 1959	to G	2-14	1957	that I la	st saw the	decease
alive an	6-14	10(59		ith occurred at						
diffe dil	7			in occurred dig	and the same of	RESS (Street, o				ATE SIGNE
ACTUAL O	Dunul	11	noth	41	1	11	41	2	//	with
SIGNATURE	eway	7.1	Je Col	_M.D	House	ingo	uce	auc	4	(17/2)
PHYSICIAN'S NAME (Type)	Edward	S. Bee	ck	(1	una	puli	0 7	nd		
22a. BURIAL, CREMATION	22b. DATE THEREC	OF 22c	. NAME OF CEMETERY	OR CREMATORY	72d	. LOCATION	City, town,	or county)	(5	tate)
REMOVAL-(Specific	6/16/5	9	Tvv Hill	Cemeter			_	Mary	and	
23. FUNERAL DIRECTOR'S	1 -1 -1)		ADDRESS MO	h. D.C.	24a. REC'D BY		24b. REG	ISTRAR'S SIC	GNATURE	
The S.H.H		2901	luth St.N	W. D.	8844					
		, - ,			DATE JUN	1 1 0 33	1	purion	8. Thous	

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24b. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

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FUNERAL DIR

page

registrar

the

PHYSICIAN'S

NAME (Type)

OVAL (Specify)

BURIAL, CREMATION, 225 DAJE THEREOF

HERAL DIRECTOR'S SIGNATURE

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6338

CERTIFICATE OF DEATH

Reg. Dist. No.

06295

1. PLACE OF		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MARYLAND	2. USUAL RESIDENCE (V		. If instituti	on: Residence	before admi	ssion)
b. CITY O	R TOWN (If autside carporate limits, and give nearest tawn)		GTH OF STAY IN 16	c. CITY OR TOWN (I		Montg		e nearest taw	vn)
d. NAME OR INS	osville OF HOSPITAL (If not in hospitol, give STITUTION ASVILLE State Hos	street oddress)	• 5days	d. STREET ADDRESS 103 Ritch			556	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or p		naniel	Middle John	Lost Carter	4. DATE OF DEATH	Man	th 6	Day 30	Year 19 59
5. SEX	6. COLOR OR RACE 7.		NEVER MARRIED M	8. DATE OF BIRTH 5/11/39	To AC	E (In years birthday) yrs.	Months D		DER 24 HRS.
Unkno	OCCUPATION (Give kind af work don nost of working life, even if retired)	e 10b. KIND O	F BUSINESS OR IND		on, D. C.		12. CITIZI	U.S.A	T COUNTRY?
	EASEDEVER IN U. S. ARMED FORCES			INFORMANT Hospital Rec		Add	ess		
Conditions of the course (course (cour	CART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO (b) Ouse lost. CART II. OTHER SIGNIFICANT CONDIT	Sch	izophrenia	Failure, Acute a, Catatonic IT NOT RELATED TO THE TER	Type	DITION GIV		PERF	
	TRIBUTING LI CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER) OF INJURY Month, Day, Year	DESCRIBE HO	CCURRED 20e. I	ED. (Enter nature of injury i	rm, 20f. (City or tov		(Cou		(State)
21. I c	p. m. 19 ertify that I attended the de on 6/30 URE	eceased from	mork 4/25	h occurred at 6 15	/30	, 19 59 causes a ity or lown, Hospit	,that I las nd an the state) al, Md	st saw the	deceased
274. BURIAL,	CREMATION 726. DATE THEREOF (22c. N	DORESS DO	OR CREMATORY 240, PE	22d. LOCATION (I	No	TRAR'S SIGN	AFURE	1

A M. AGE GAR · A CALL PARTIES BARNIN , PARTE OF SANGE LINE S. to Water - the day to the party of the Priverse of the the designation of the designation of the second of the se

d STREET ADDRESS

ECIL

B. DATE OF BIRTH

MARYLAND

c. LENGTH OF STAY IN 16

7. MARRIED NEVER MARRIED

10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)

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Middle

DIVORCED [

116296

e. IS RESIDENCE ON A FARM?

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

Days

YES NO F

Year

195

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

JUNE

yrs

Months

9. AGE (In years

lost birthdoy)

RSVILLE

(Correct

4. DATE

DEATH

PLACE OF DEATH

OR INSTITUTION SANN

NAME OF

S. SEX

DECEASED

(Type or print)

b. CITY OR TOWN (If autside corporate limits, write

d. NAME OF HOSPITAL (If not in hospitot, give street address)

RSING

RURAL and give nearest town

director Filled Filled ero. should puo 2. filled campletely papers. death oug detached DIRECTOR: prior pe

may be retain TO FUNERAL D

during most of working life, even if retired) OUSE WIF 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 420. DUE TO Conditions, if any, which gove rise to immediate DUE TO coese (o), stating the underlying cause last. NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS G PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year (County) (Stote) factory, street, office bldg. Jeto Hour Not while of war at work p. m. 21. I certify that I attended the deceased from Z, that I last saw the deceased A from the causes and on the date stated above. death-occurred at. ACTUAL shauld PHYSICIAN'S 220. BURIAL, GREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, ar county) (Stote) REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arily S. Thous VS A1S (4)

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NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

116297

Orthon & Kroug

6340	CERTIFICA	ATE OF DEATH		Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution b. COUNTY	nution: Residence before	admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena	c. LENGTH OF STAY IN 16		utside corporote limits, writ	e RURAL and give near	est town)
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Box 83A, Rte. 2. Colonia	oddress)	d. STREET ADDRESS	2,Colonia		N A FARM?
3. NAME OF DECEASED (Type or print) THARIOS I	RY/N (CHANEY	4. DATE OF DEATH	Nonth Day	Year 1945 9
5. SEX 6. COLOR OR RACE 7. MARRI Male White WIDOWEI	ED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH May 3,1881	9. AGE (In yet lost birthdo	ors IF UNDER 1 YEAR When the Days Ors.	
10a. USUAL OCCUPATION (Give kind of work done 10b. Retired County Empl		ISTRY 11. BIRTHPLACE (Stote of Maryls		12. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME Charles R. Chane	y	14. MOTHER'S MAIDEN N		Young	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT Miss Matilds		949, Rte	
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e for (o), (b), and (c).] OCARDIAL	- FAILUR	E	ONSI	RVAL BETWEEN ET AND DEATH
Conditions, if any, which gove rise to immediate care (o), stating the under-	ERIOSCI-EROT	Tie CARDIOVA			YEAR
lying cause lost. (c) GE	NERALIZE		OSCLEROS I		WAS AUTOPSY PERFORMED?
¥	RIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in P	ort 1 or Port II of item 18.)		YES NO NO
	Not while fo	LACE OF INJURY (Home, farm, sctory, streel, office bldg., etc.	20f. (City or town)	(County)	(Stote)
21. I certify that I attended the decease alive an MAY 22 , 195 ACTUAL SIGNATURE Arthur Laulafore	od fram JUNE 9. g and that death	accurred at 11 2 A	AY 2Z, 195 M, fram the cause ADDRESS (Street, city or too	s and an the dat	w the deceased e stated above DATE SIGNED
PHYSICIAN'S ARTHUR LANKET		Pasa	DENA,	MD.	
220. BURIAL, CREMATION, REMOYAL (Specify) 6/5/59	Meadowr	idge		unty, M	
Hopping and Kirkley,	Glen Burnie			EGISTRAR'S SIGNATUR	

may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the runneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, ar remayal, and in any event within 72 havrs after death. TO HOSPITAL OR VS A15 (4) 15M 9/SS

	CERTIFICATE OF DEL		
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		MICHAEL CHOMES PORTS	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06298

		5 0341	CERTIFICA	ATE OF DEATH	1	Reg. Di	st. No.		
1.	a. COUNTY	Arundle	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE		If institution: Residen	ce before	e odmiss	ion)
	RURAL and give near	utside corporate limits, write est town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate lim	nits, write RURAL and	give neo	rest town	n)
		(If not in hospital, give street		d. STREET ADDRESS	Drive		•	ON A	FARM?
3.	NAME OF DECEASED (Type or print)	Fint Lawrenc	Middle L .	Lost Clatchev	4. DATE OF DEATH	Month	Day		Year 1950
	male	White widow	ED DIVORCED	8. DATE OF BIRTH Oct. 10, 189	9. AGE	(In years IF UNDER berthday) Y Gran	1 YEAR Days	Hours	ER 24 HRS
	TTECTLICI.	(Give kind of work done 10b. g life, even if retired)	kind of Business or INDU	Balto. M	d.	12. CI1	IZEN OI	A	COUNT
	Samuel N				Schere				
1:0	Yes, no, or unknown) (If y	N U. S. ARMED FORCES? 16. res. give wor or dotes of service) none 21	4-20-1480 R	NFORMANT uth Clatche	y wife 8	Address P453 Bay	Dr	ive	
	PART I. DEATH 10 420. / Canditians, if any, gave rise to imm cause (a), stating the lying cause last.	pediate DUE TO	Coronary t	rtery- diseas			ONSI	2 y	ears
CEPTIFICATION	PART II. OTHER 20a. ACCIDENT WAS I	UNDERLYING T 20b. DES	CONTRIBUTING TO DEATH BUT				T 1(a) 19	PERFO	AUTOPSY PRMED?
MEDICALOR	20c. TIME OF INJURY	EDICAL EXAMINER)	Not while for	ACE OF INJURY IHome, form clary, street, affice bldg., etc.	20f. (City or tow	n) (C	Caunty)		(State
		l attended the decear 1958 19	and that death	occurred at 4 Pe		y or town, state)	ne date	e state	ed abo
		tto Vogel, M.D.			urnie Md				
	BEMOVAL (Specify)	June 11,19	DO THOM DOUBLE			ity, town, or county)	đ.	(Stote	e)
23	S. FUNERAL DIRECTOR'S S	IGNATURE IL CASTA	ADDRESS	24a. REC'I	BY REGISTRAR	24b. REGISTRAR'S SIC			THE

FOR: After this certificate has been signed by the attending physician and completely filled in by the Paneral director, detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with may be retained to hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a page 3 shauld be detached for use as the burial-transit permit. Then please remove carbo the registrar prior to burial, cremation, or removal, and in any event within 72 hours often

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours af

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VS. A15ME(5) 5M 9/55

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Film MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6293 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06299

Reg. Dist. No.

1.	PLACE OF DEATH C. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE Maryland b. COUNTY Anne Arundel	L
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest fown) Annapolis c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) 102 Clay Street	d. STREET ADDRESS 102 Clay Street e. IS RESIDER ON A FAR YES \(\) NO	SW5
3.	NAME OF First Middle DECEASED (Type or print) ROBERT	COLEMAN DEATH June 9 19 5	9
5.	Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 WIDOWED DIVORCED	DATE OF BIRTH 3 - 6 - 9 9 AGE (In years lost birthday) yrs. FUNDER 14 FUNDER 24 Months Days Hours Min.	
	On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Maryland U.S. A	STRY?
	3. FATHER'S NAME Robert Coleman	Maxime Jonque	
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17: 18 (If yes, give wor or dates of service)	axive Songue 102 Clayst	1
7	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. DUE TO (c) PART II. OTHER SIGNUSICANT CONDITIONS CONTRIBUTING TO DEATH BUT A	neumonitis NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTO	".
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING	PERFORMED YES NO nter noture of injury in Port I or Port II of item 18.)	?
MEDICAL		CE OF INJURY (Home, form, 20f. (City or town) (County) (Statest, office bldg., etc.)	ote)
2	ACTUAL SIGNATURE Charles S Letty. EXAMINER'S Charles S Potter M.D.	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER OATE SIGNES 6/10/59	0
22	INAME (Type) OILETTES S. FEELY, M.D. OILETTE	CREMATORY 220. TOCATION (City, town, or county) . (State)	7
23	m. Resett 108 Wash St. Com	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUN 1 5 '59 Criting & Kraus	

. 45. MAKEN AND MAKEN PERSONAL PROPERTY OF THE PROPE Market and the Plant of the Part Heart Description on the American

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is neckly, please execute the certifice, writing the word "pending" in pendi in them, 18. Give Poges 1, 2, and 3 to the funeral distribution 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

2

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 06360 6342 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

					Keg. Dist	. No.	
1. PLACE OF DEATH O. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (ince Gount		e before od	mission)
b. CITY OR TOWN (If outside corporate limits, write BURAL c. LENGTH OF S	STAY IN 1b					ive penter! !	lowal
and give necestylownly		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
		Riverdal	.0	16	25-	orky	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street o	ddress)	d. STREET ADDRESS					RESIDENCE N A FARM?
Fort Meade Hospital		6715 Ingra	ham St	. East P.	ine	YES	□ NO T
3. NAME OF First Midd	lle	Lost	4. DATE	Mont	h	Day	Yeor
(Type or print) Robert Paul Conrad			DEATH	June 9	th.		19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	RRIED [8.	DATE OF BIRTH		9. AGE (In years	IF UNDER TY	EAR IF UN	
M WIDOWED DIVOR	CED 🔲	10/24/23		35 yrs.	Months Do	rys Hours	Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS during most of working life, even if retired)	OR INDUSTR	TY 11. BIRTHPLACE (Store	e or foreign c	ountry)	12. CITIZE	N OF WHA	T COUNTRY?
Employed at The U.S. National S	Securit	ty Akron, 0	hio.		USA	1	
13, FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
Bernard J. Conrad		Nora C. M	urphy				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17. IN	FORMANT		Address			
	10 Be	ernard J. Co	nrad (father)			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)).]				T	INTERVAL BETY ONSET AND D	WEEIN
PART I. DEATH WAS CAUSED BY: Coronary (Occlusi	ion			100	Sudde	EATH 11
420. / DUE TO						5 652 65	
Condition it one which							
gove rise to immediate couse							
(a), storing the underlying DUE TO							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1	(o) 19. WAS	ORMED?
3						YES [NO 🔀
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO E 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	CCURRED. (En	iter nature of injury in Par	rl f or Part 11	of item 18.)			
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED		E OF INJURY (Home, form		or town)	(County	y)	(State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not work of work of work		ry, street, office bldg., etc	.)			in East	
21. I certify that I taak charge of the remains descr	ibed abov	e, held an Autaps	y . In	spection .	Inquiry	Y , or	nd in my
opinion death resulted fram: Natural causes 🛴, A	ccident [], Suicide [],	Hamicide	. Undete	rmined ma	nner 🔲	
SIGNATURE Sustant Not carried	141	M.D. CHIEF MEDICAL EX	XAMINER [DATE	SIGNED
		ASSISTANT MEDIC	AL EXAMINE	П			
EXAMINER'S NAME (Type) Gustave H. Faubert.M.D.		DEPUTY MEDICAL			59		
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CE	METERY OR	REMATORY	22d, LOCAT	ION (City, town,	or county) an	(Sto	rte)
Buria (Specify) 6/12/59 arling	tou	Mational	arl	ington	1	irai	nia
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	mA D	ami 0 240. REC	D BY REGISTI	AR \$246. REGIS	TRAR'S SIGN	ATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
nalleys Frings 10 House	The state of	A. DATE J	HIN 1 9 1			.,	
- July active Jevine	111	Vie John O	01114	39 1 (athur 8;	Travel	

MATERIAL STREET

MARYLAND STATE OF LETTER OF LEATH OF DEATH OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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DIRECTOR:

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6343

CERTIFICATE OF DEATH

06301

Reg. Dist. No.

/		1
	24	
/		1

a. COUNTY

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY CE SITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)

b. GITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 APPAL and give nearest tawn) days runul

d. NAME OF HOSPITAL (If not in hospital, give street address) yas Mano Hon d. STREET ADDRESS n.

e. IS RESIDENCE ON A FARM? YES NO-P

NAME OF DECEASED (Type or print)

1. PLACE OF DEATH

Middle 1/1

8. DATE OF BIRTH

4. DATE OF DEATH 0 9. AGE (In years

Day Yeor 19 IF UNDER 1 YEAR IF UNDER 24 HRS.

5. SEX

6. COLOR OR RACE

during most of working life, even if retired)

7. MARRIED NEVER MARRIED DIVORCED T WIDOWED [

10a. USUAL OCCUPATION (Give kind af work dane) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country)

Last

last birthday) Months Days 2 12. CITIZEN OF WHAT COUNTRY?

u) autor 13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

16. SOCIAL SECURITY NO.

INFORMANT

Address

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Canditians, if any, which

DUE TO Arteriosclerosis obliterans DUE TO

Arteriosclerotic heart disease

? yrs.

INTERVAL BETWEEN ONSET AND DEATH

gove rise to immediate coese (a), stating the underlying cause last.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Elephantiasis of both legs due to venous thrombosis YES TI NO TH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Day, Year 20d. INJURY OCCURRED Not while

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(County) (State)

CATION

20c. TIME OF INJURY Month, Hour o. m. While at work 21. I certify that I attended the deceased from June 11

at wark

to June 29, and that death accurred at 10:10PM, from the causes and an the date stated above.

1959 that I last saw the deceased

ACTUAL

PHYSICIAN'S

REMOVAL (Specify)

400 N. Carrollton Avenue

NAME (Type) / James M. Pair. M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF

alive on June 20.

Baltimore 23, Maryland 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

ADDRESS (Street, city or town, state)

(State)

23 FUNERAL DIRECTOR'S SIGNATURE

240. REC'D BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE Orthur & How

TO FUNERAL

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per tiet and an analysis and an area and attended to	(a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
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	Charles 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6344

CERTIFICATE OF DEATH

06302

Reg. Dist. No.

	O. COUNTY ANNE ARUNIDEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negret town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	BAR HARBOR YEARS	X Bar Harbor
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	JOHNSON ROAD	Johnson Road YES NO D
	NAME OF DECEASED (Type or print) FLORA Middle	DANNER DEATH JUNE 16 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Iost birthday) Months Days Hours Min
	FEMALE WILLTE WIDOWED DIVORCED	JUNE1, 1866 G 3 yrs. Months Days Hours Min.
1	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ### HOUSEWIFE ###################################	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Ī	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	HENRY HARRISON	Unknown
	(Yes on or unknown) . (If we may not so date of society)	NFORMANT Address ONA GREENHOLTZ BARHARBOR, MD.
F	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
1		TIC CARDIO VASCULAR DISEASE ONSET AND DEATH
I	IMMEDIATE CAUSE (6) AND ENTOSCIZATION	CAMIO DESCUENT BISSISSE TO YEAR
I	Conditions if any which \	
١	gove rise to immediate	
١	lying cours lost	
1		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
1		PERFORMED? YES NO
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRES OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
1		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
1	Hour o. m. p. m. 19 While Not while of work of work	itory, meet, once ology, etc.)
	21. I certify that I attended the deceased from.	NE, 150, to SUNE 16, 19 59, that I last saw the deceased
I		occurred at 5:15 P.M. from the causes and on the date stated obove.
I		ADDRESS (Street, city or lown, state) DATE SIGNED
I	SIGNATURE A Brades Smith	MD. 8471 FT. SMALLWOOD ROAD
ı	1 6	0
ı	PHYSICIAN'S J. BRADY SMITH	PASADENA MD
-	20. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)
1	REMOVAL (Specily) Burial 6-20-59 Reformed	Knoxville Maryland
1	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	13. Tu ful Brunswick, Maryland	d DATE JUN 18'59 arthur S. Krous
-		

	TE OF DEATH	GERYINICA	
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		TO THE 19 STREET SHIP	

MARYLAND STAYS DEPARTMENT OF HEALTH-SALTIMORE, IS

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6294 **CERTIFICATE OF DEATH**

Pag Dist No

06303

1. PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY									
Anne Arundel	Maryland Anne Arundel									
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
Annapolis 2 months	X Annapolis									
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDEN									
U.S. Naval Hospital Box 388, Route # 3										
DECEASED	Last 4. DATE Month Day Year									
(Type or print) Charles Covode	DAVIS DEATH June 23 19 5									
5. SEX 6. COLOR OR RACE 7. MARRIED ☑ NEVER MARRIED □	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 Months Days Hours Months Months Days Hours Months Mo									
Male Caucasian WIDOWED DIVORCED	4 September 1887 September 1887 Jost birthdoy) Months Doys Hours M									
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR IND										
during most of working life, even if retired) U.S. Navy Retired	Gaithersburg, Maryland U.S.									
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
Charles D. DAVIS	Sanah H. COVODE									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or unknown) (If yes, give wor or dates of service)	. INFORMANT Address									
Yes 36 years	U.S. Naval Hospital, Annapolis, Maryland									
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL RETWEE									
PART I. DEATH WAS CAUSED BY: Thrombosis Abdominal Aorta										
1161V	dominal Aorta ONSELAND DEA 5 days									
DUE TO	• • • • • • • • • • • • • • • • • • •									
Conditions, if ony, which (b) Arteriosclerotic Aneurysm										
gove rise to immediate DUE TO										
lying couse lost. (c)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART PROUMONITIS Terminal 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)										
Pneumonitis Terminal										
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)										
3 120c TIME OF INITIES Month Day Veer 2004 INITIES OCCUPTED 200	DIACE OF INITIDY (Many form 1906 IC)									
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour o. m. While Not while	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Si foctory, street, office bldg., etc.)									
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (St foctory, street, office bldg., etc.)									
	foctory, street, office bldg., etc.)									
21. I certify that I attended the deceased fram 30 April	foctory, street, office bldg., etc.) , 1959, ta_23_June, 1959, that I last saw the dece									
21. I certify that I attended the deceased fram 30 April	foctory, street, office bldg., etc.) 1959 , ta 23 June , 19 59 ,that I last saw the dece th accurred at 2:00 PM, from the causes and an the date stated at									
21. I certify that I attended the deceased from 30 April alive an 23 June , 1959 , and that dea	foctory, street, office bldg., etc.) , 1959, ta_23_June, 1959, that I last saw the dece									
21. I certify that I attended the deceased from 30 April alive an 23 June , 1959 , and that dea	foctory, street, office bldg., etc.) 1959 , ta 23 June , 19 59 ,that I last saw the dece th accurred at 2:00 PM, from the causes and an the date stated at									
21. I certify that I attended the deceased fram 30 April alive an 23 June , 1959 , and that dea ACTUAL SIGNATURE PHYSICIAN'S	foctory, street, office bldg., etc.) 1959, ta 23 June, 1959, that I last saw the decent accurred at 2:00 PM, from the causes and an the date stated at ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state)									
21. I certify that I attended the deceased from 30 April alive an 23 June , 1959 , and that dea ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Richard I. HOCHMAN LT MC USN	foctory, street, office bldg., etc.) 1959, ta 23 June, 1959, that I last saw the decent accurred at 2:00 PM, from the causes and an the date stated at ADDRESS (Street, city or town, stote) ADDRESS (Street, city or town, stote) ADDRESS (Street, city or town, stote)									
21. I certify that I attended the deceased from 30 April alive an 23 June , 1959 , and that dea ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Richard I, HOCHMAN IT MC USN 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	foctory, street, office bldg., etc.) 1959, ta 23 June, 1959, that I last saw the decept the accurred at 2:00 PM, from the causes and an the date stated at ADDRESS (Street, city or town, state) M.D									
21. I certify that I attended the deceased from 30 April alive an 23 June , 1959 , and that dea ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Richard I. HOCHMAN LT MC USN	foctory, street, office bldg., etc.) 1959, ta 23 June, 1959, that I last saw the decept the accurred at 2:00 PM, from the causes and an the date stated at ADDRESS (Street, city or town, state) M.D									
21. I certify that I attended the deceased from 30 April alive an 23 June , 1959 , and that dea ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Richard I, HOCHMAN IT MC USN 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	foctory, street, office bldg., etc.) 1959, ta 23 June, 1959, that I last saw the decent accurred at 2:00 PM, from the causes and an the date stated at ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) NR. U.S. Naval Hospital, Annapolis, Md. 6-2 OR CREMATORY 22d. IGCATION (City, town, or county) (Spete)									
21. I certify that I attended the deceased from 30 April alive an 23 June , 1959 , and that dea ACTUAL SIGNATURE SIGNATURE SIGNATURE ALICH AME (Type) Richard I , HOCHMAN IT MC USN 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY SEMOVAL (Specify) 6 July 1959 ATTINGTON	foctory, street, office bldg., etc.) 1959, ta 23 June, 1959, that I last saw the decent accurred at 2:00 PM, from the causes and an the date stated at ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) ANDRESS (Street, city or town, state)									

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6346 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06306

Reg. Dist. No.

_					Keg, Dist. No.					
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution	: Residence before admission)					
	Anne Arundel	MARYLAND	a. STATE Same	b. COUNTY						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside carporate limits, write RUI						
_	Pasadena	20 years	A Same							
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pilol, give street oddress)	d. STREET ADDRESS		e, IS RESIDENCE ON A FARM? YES NO F					
-	Nhiteford Rd.	A 11 A 44	Same	1.04=						
3.	DECEASED (Type or print) Roy Hammer Dick	Middle man	Lost	4. DATE Month OF DEATH June 11	Doy Year 19 50					
5.		ED T NEVER MARRIED B.	DATE OF BIRTH	9. AGE Ito vegta 3F	UNDER I YEAR IF UNDER 24 HES.					
	M WIDOWE	D DIVORCED 1	/23/97	62 yrs.	onths Days Hours Min.					
10	o. USUAL OCCUPATION (Give kind of work done 10b.	(IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign cauntry)	12. CITIZEN OF WHAT COUNTRY					
	during most of working life, even if relired)		W. Virgi	nia	USA					
T	D. FATHER'S NAME		14. MOTHER'S MAIDEN							
1	. A.Dickenson		M Te	xie Hammer						
L	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. TIT IN	FORMANT	Address						
(¥	es, no, or unknown) (If yee, give war or dates of service)		apers found							
	18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]	INTERVAL SETWE							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Guns	hot wounds of	the head		ONSET AND DEATH					
	107/V	1100 WOWINGS OI	one nead							
	DUE TO									
	Conditions, if any, which agave rise to immediate cause									
	(o), stating the underlying DUE TO									
	couse last. (c)	W								
CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 25 NO 1									
TIFIC	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)									
		Shot self	£							
7	20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PLAN	CE OF INJURY (Home, farr bry, street, office bldg., etc	m, 20f. (City or town)	(Caunty) (State)					
MEDICAL	Bour a. m. 6/11 1959 Whill of w	e Not while	Home	Pasadena A	nne Arundel Md.					
	Inquiry . and in my									
	opinion deoth resulted from: Natural	ined monner								
	ACTUAL /// //				DATE SIGNED					
	SIGNATURE WWW.		_M.D. CHIEF MEDICAL E							
	EXAMINER'S		ASSISTANT MEDIC	CAL EXAMINER 🔯	6/12/59					
	NAME (Type) William V. Lovit	t, Jr., M.D.	DEPUTY MEDICAL	EXAMINER						
27	O. BURIAL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, ar a	ounty) (Stale)					
	(REMOVAL) (Specify) (2/59	HAMMED EA	HILLY DEM	FRANKLIN	10/ VA					
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /	240. REC	D BY REGISTRAR 24b. REGISTRA	AR'S SIGNATURE					
	Was O VV.	11. Kon	DATEJ	IN 1 5 '59 Gart.	47 & Kraug					
L	NI I INCRALLY	4 KLONIV	DATEU	DIT - O OO CONTO	17 S. Thous					

TO DEPUTY MEDI EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necero, please execute the certificate, writing the word "pending" in pendil in them, 18. Give Pages 1, 2, and 3 to the funeral difference 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a byriol-transit permit. File pages 1 and 2 with the State Board of Health, are its designated agent, priar to burial, cremation, or removal, and in any event within 72 hours ofter death. VS. A15ME 5M 2/57

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TO DEPUTY MEDI.

Examines: This certificate should be executed within 24 hours after death. If any delay is necropy please execute the certificate ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral difference 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages) and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 8M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6347 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06307

					Reg. Dis	it. No.					
PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE	(Where decease	d lived. If institut		ice befo	ore odmi	ssion)			
Anne Arundel	MARYLAND	o. STAYSame		Same							
b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) Glen Burnie	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	orole limits, write	RURAL ond	give ne	orest to	vn)			
d. 10% OF HOSPITAL OR INSTITUTION (If not in ha	1 year	Same					10.00	TELDENIE!			
Alview Rd. Country Club Es		d. STREET ADDRESS		ana Ba			ON	A FARM?			
3. NAME OF DECEASED (Type or print) David Joseph Doy:	Middle	Lost	4. DATE OF DEATH J	Month une 30th		Doy		959			
5. SEX 6. COLOR OR RACE 7. MARRI		DATE OF BIRTH	1	AGE (In years	IF UNDER 1	YEAR		ER 24 HRS			
M W WIDOWE	D DIVORCED 2	/16/50		ost birthdoy) yrs.	-	Poys	Hours	Min.			
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Frankfur	te or foreign co	untry)			WHAT	COUNTRY			
13. FATHER'S NAME		14. MOTHER'S MAIDEN		arty.	US	A.					
	hand 3.7 - D2										
Foster father: Warren Gran		Foaster mo	ther: Vi								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yea. ne, or unknown) (If yes, give war or dates of service) NO		rormant rren Grantv	ille Do	Address	ter fe	the	(3				
18. CAUSE OF DEATH Enter only one couse per line				1200	DOT IC	INTERV	AL BETWE	EN			
PART I. DEATH WAS CAUSED BY:	etrocution, whi	le plenine	ed de m 1	r		1	AND DEA				
IMMEDIATE CAUSE (o)	e or occupantly will	TA PTENTIE	MT CH I			5	udde	in_			
1 7/40 DUE TO											
Conditions, if ony, which gove rise to immediate cause											
(o), stoting the underlying DUE TO											
couse last. (c)											
PART II, OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART		PERFO	AUTOPSY RMED?			
20g. EXTERNAL CAUSE WAS 20b. DESCRIB	E HOW INJURY OCCURRED. (Er	nter noture of injury in Po	ort f or Part II o	f item 18.)							
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING TO CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) CAUSE OF DEATH. Was playing with T.V. and Antenna.										
1 1100	BULLIAN ACCUIDATE OF THE	FOR INITIAL PARTY	m 1206 ICH	ar town)	10	lu)		151-1-1			
0 Hour o. m. (/00/50 Whil	e Not while focto	ry, street, office bldg., el	ic.)	n Iown)	(Coun	iiy)		(State)			
4 p.m. 6/30/59 19 of w	ork ot work M Ho	me em	Ble	Burnie.	. A.	A	Md.				
21. I certify that I took charge of the	remains described obov	ve, held on Autop	sy [], In:	pection X.	Inquiry	X.	one	d in my			
opinion death resulted from: Natural	causes, Accident [2	X), Suicide [],	Homicide	, Undeter	rmined m	anner					
ACTUAL SIETAIR PRANT	i da	M.D. CHIEF MEDICAL	EXAMINER [DATE S	IGNED			
		ASSISTANT MEDI	CAL EXAMINER								
NAME (Type) Gustave H. Faube	rt.M.D.	DEPUTY MEDICA	L EXAMINER	7/1/50)						
220. BURIAL, CREMATION, 1226. DATE THEREOF	22c. NAME OF CEMETERY OR			ON (City, town, o	r county)		(State	1			
CREMATION 7/3/59	LOUDON	PARK	BA	Himos	pe,		M	d.			
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		'D BY REGISTR		TRAR'S SIGN			n III			
HOLDING & ITINGER	CLEN BUR	MA DATEJ	UL 6 '59	and	Lun 8. 1	Traus	1				

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FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6348 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

116308

Reg. Dist. No.

		LACE OF DEATH COUNTY Anne Aru	ındel		MARYL	AND	2. USUAL RESIDENCE o. STATE Same	(Where decea	sed lived. If institu		nce before	e admi:	ssion)
7	Ь	. CITY OR TOWN (III and give nearest town	autside corporate limits, writ	RURAL	c. LENGTH OF STAY IN	4 16	C. CITY OR TOWN	(If outside cor		RURAL and	give near	rest tav	wn)
4	-	en Burnie			1 year		Same						
			Rd Country		aspitol, give street address)		d. STREET ADDRESS					ON	SIDENCE A FARM?
		NAME OF	Fir			1	Same	LA DATE	4.4				
1		DECEASED Type or print)		" Edwar	Middle d Dovle		Last	4. DATE OF DEATH	June 30		Day	1	9 50
1	5. 5	EX	6. COLOR OR RACE		RIED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years	IF UNDER	YEAR IF	UNDE	ER 24 1585.
		M	W	WIDOW			2/1/52		7 yrs.	Months	Doys H	tours	Min.
	10a.	USUAL OCCUPATION	ON (Give kind of work g life, even if retired)	done 10b.	KIND OF BUSINESS OR IN	NOUSTR	Y 11. BIRTHPLACE (Sto	le or foreign o	country)	12. CITI2	ZEN OF V	WHAT	COUNTRY?
1	a	None	g lite, even is renred;				Frankfurst	Germa	nv.	Natur	2112	ed i	TISA
1	13	FATHER'S NAME				Τ	14. MOTHER'S MAIDEN			110000	C401 III -	-	
1													
1					tville Doyle		Viva Parl	.8.					
1		WAS DECEASED EV	ER IN U. S. ARMED FO		S. SOCIAL SECURITY NO.	17. IN	FORMANT		Address				
1	4.00		No		None	Mr.	Warren G.I	ovle (foster fa	ather)			
1		IR CAUSE OF DEA	TH Enter only one cou	se per lin				- 0 1		,	INTERVA	L RETWE	FN
			TH WAS CAUSED BY:	110		-h-47	l	deb m	77		Sud	IND DEA	TH
1			IMMEDIATE CAUSE (o)	ELE	etrocution,	AUTT	e braking a	Ton I.	٧.		Suu	den	
	1	914.0	DUE TO										
		Conditions, if or											
1		gove rise to immed											17.00
1		(o), stoting the couse fost.	(c)								1		
1	z	PART II OTH			CONTRIBUTING TO DEATH	BLIT NO	OT RELATED TO THE TER	UINAI DISEAS	F CONDITION GIV	VENI IN DART	1/0/10	14/AC A	LUTOREY
	8	TAKE III, OII	ich diermijeritti cort				or wellings to the text	WILLIAM FAIRT UR	ic continuit on	LIN IIN CAN		PERFO	RMED?
1	2										YES	5 🗌	NO 🔼
1	CERTIFICATION	20a. EXTERNAL CAL	JSE WAS NTRIBUTING []	b. DESCRI	BE HOW INJURY OCCURR	ED. (En	ter noture of injury in Po	ort f or Part II	of item 18.)				
1	_	CAUSE OF DEATH.		Was	playing with	1 th	e back part	of T.	V.and wi	th ant	enna		
-	MEDICAL	20c. TIME OF INJUI	RY Month, Day, Yes	20d	INJURY OCCURRED 20e	- PLACI	OF INJURY (Home, for	m. 20f. (City		(Cov			(State)
1	2	Hour o. m.	6/30/59 19	Wh	ile Not while		y, street, office bldg., e		an Domand		A .		v.a
	2	p. m.	9/30/3/		vork at work				en Burnie				Md.
1		21. I certify th	nat I toak charge	of the	remains described	abov	e, held an Autop	sy . I	nspection X .	Inquir	/ K.	and	d in my
		opinion death	resulted from: 1	Natural	couses , Accide	ent X], Suicide [],	Hamicide	. Undete	rmined m	anner		
П		0.	4 1/	10	1								
1		ACTUAL 11	estan &	L.	when DUS		M D CHIEF MEDICAL	EXAMINER [ATE S	IGNED
		SIGNATURE	- 10/19		eron (reg)		M.D. ASSISTANT MEDI						
		EXAMINER'S		-						-			
1			lustave H.	Faube			DEPUTY MEDICA		A (/ -/	29			
	220.	BURIAL, CREMATIO REMOVAL (Specify)		F	22c. NAME OF CEMETER	Y OR C	REMATORY	22d. LOCA	TION (City, town,	or county)		(State)
	C	REMATION	- / 7 /	59	1 20000	4	PARK	BA	7/1/1000	PP,	17	d.	
		FUNERAL DIRECTOR		0.	ADDRESS		240. REG	D BY REGIST	IRAR 24b. REGI	STRAR'S SIG	NATURE		
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	handen	11/1/	11/1/1/	YEX	()	000	וטייים	- 0	- I ciri	mus of	Traces -		

TO DEPUTY MEDI EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is nect y, please execute the cert. I.e., writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral did r. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 houry after Seath. VS. A15ME 5M 2/57

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MARYLAND STATE OFFRENCH OF MEATH-MAINTIMOPE, 19 6.34.8 MEDICAL EXAMINER'S CENTIFICATE OF DEATH

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDIC EXAMINER: This certificate should be executed within 24 hours ofter death. If any deloy is necessive the certifier, writing the ward "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funeral difference of should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard as its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

VS. A1SME 5M 2/57 0

Item 20 Film 245 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

116309

Reg. Dist. No.

	1. PLACE OF DEATH A. A. Co. 6295 MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) V o. STATE B. COUNTY B. HETTI.
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest fown) Annapolis	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) 6319 Beslow Africal
9	S. O. A. Anne arendel General	d. STREET ADDRESS Ballowere, Xel ON A FARM? YES NO
		- WING DATE Month Doy Year OF DEATH 6 Z7 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. E. WIDOWED DIVORCED	1953 /23/53 (ast birthday) yrs. Months Days Hours Min.
1	10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	md. V.SA
	193. FATHER'S NAME	DISLIDRES SIMDSON
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, er unknown] [If yes, give war or dotes of service] [Oncomparison of the property of	ORMANT Address
V	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause	E, EWING-FATHER - SPANE INTERVAL BETWEEN ONSET AND DEAD WILLIAM
2	(a), stating the underlying DUE TO couse lost.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH. While swimming	er noture of injury in Port I or Port II of Item 18.1
2	Hour a. m. While Not while of factory	OF INJURY (Home, form. 20f. (City or town) y, street, office bldg., etc.) Severna Park gothy River Riverdale A.A. Md.
	21. I certify that I took charge of the remains described above opinion death resulted from: Natural causes . Accident	, Suicide , Hamicide , Undetermined manner
2	EXAMINER'S NAME (Type) E. Linhardt.	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER OFFICE SIGNED DATE SIGNED
	220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CI	REMATORY 22d. LOCATION (City, town, or county) (State) REMATORY BALTON, MA
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Willia / Linke / Labley, Durdock /	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 40. DAYEUN 3 0 '59 Curthur & Harva

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220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Epiphany Cemetery Forestville. Md. 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Ritchie Bros. arilar & Kraus Upper Marlboro, Md. DATEJUN 3 0 '59

	Sep. Dist. 16.	OF DEATH	CERTIFICATE	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6350 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06311

Reg. Dist. No.

1. PLACE OF DEATH	ne Arundel		MARYL	AND	2. USUAL RE o. STATE		Where decease		If Instituti	A	ence befo		9
and give nearest to	(If outside corporate limits, write to the limits)	RURAL C	LENGTH OF STAY II	N 1b	c. CITY O	R TOWN T	r cutside cor				give ne	al	vn)
d. NAME OF HOSP	ITAL OR INSTITUTION (IF	not in hospite	al, give street address)		d. STREET		h St.	Arl:	83 Ingt	x-3	Va	ON.	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First ORV	AL	Middle		FOL	st	4. DATE OF DEATH		Month June		Doy 23,		9 59
s. sex Male	6. COLOR OR RACE	MARRIED			ug. 1		89	9. AGE (In lost births		-	-	Haurs	R 24 HRS. Min.
Sub. Sta	TION (Give kind of wark do ling life, even if retired) tion Maint		D OF BUSINESS OR IN		Kan	sas		country)			ZEN OF		COUNTRY?
John F	oland				Augu		name Thorn	berg					
	VER IN U. S. ARMED FORG	rvice)	CIAL SECURITY NO.	Et	chel F	3. Fo	oland	712	Address 20t	h St	ree	t.	Sout
Conditions, if gave rise to imm (o), stoting the cause lost. PART II. O'	ediate cause	ITIONS CONT	RIBUTING TO DEATH	BUT NO	OT RELATED TO	O THE TERM	MINAL DISEAS	E CONDITI	ON GIVE	N IN PAR			AUTOPSY RMED?
PART II. O	ONTRIBUTING 🔲	DESCRIBE H	OW INJURY OCCURR	RED. (Enl	er noture of i	njury in Pa	rt I or Port II	of item 18.	.)				
20c. TIME OF INJ		20d. INJI While of work	Nat while	foctor	OF INJURY	(Home, former bldg., etc.	m, 20f. (Cit)	or town)		(Cou	inty)		(Slote)
	that I taak charge of d from Natural co		_		. —	Autap: Homicid		nspectia ndeterm			у 🔲,	and f	find that
ACTUAL SIGNATURE	Ville: 4	Your			M.D.		XAMINER [DATE S	
EXAMINER'S NAME (Type)	William V. I	Lovitt.	Jr., M.D				CAL EXAMINE EXAMINER [LANG			6,	/24/	59
REMOVAL (Specif	ON, 22b. DATE THEREOF	220	C. NAME OF CEMETER	RY OR C			22d. LOCA				1 200	(Stote	,
23. FUNERAL DIRECTO HOWard	6/26/59 R'S SIGNATURE H. Hubbard		rlington ADDRESS ral Home			24g REC	'D BY REGIST	rlin		TRAR'S SIC	INSTURE		1

VS. A15ME(5) 5M 9/55

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20th Street, Sou	517	gulv , noighir			

lusia; 6/26/50 Amlinghon lat. Cemetery Amlington, Virginia

	CERTIFIC	CAIE OF DEATH	Reg. Dist. No.
	1. PLACE OF DEATH o. COUNTY A A MARYLANI	O STATE	ed. If institution: Residence before admission) b. COUNTY A A
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) 5444516 75745	b c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town)
	d. NAME OF HÖSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO [
	3. NAME OF DECEASED (Type or print) SALLIE MARY	FORD 4. DATE OF DEATH J	Month Day Year UUP 26 195
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	April 12	GE (In years of UNDER 1 YEAR IF UNDER 24 HRS of birthday) Months Days Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Philar Pa.	7) 12. CITIZEN OF WHAT COUNTE
	JOHN BULL		OR
	(Var. on at unbasse) . (If we also see a date of see last	filled Atwell Shad	lyside Md,
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PRITON ITES		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost. DUE TO (b) UNKNOWN DUE TO (c)		
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E		PERFORMED? YES NO NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter noture of injury in Port I or Part II o	of item 18.)
	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. Hour o. m. 19 While of work al work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	town) (County) (State
	21. I certify that I attended the deceased from Tune alive on Tune 26, 19, 59, and that dec	oth occurred at 11.65AM, from th	ne causes and on the date stated above
	ACTUAL SIGNATURE FINAL FINAL SIGNATURE STAND FOR SMITH	M.D. Shady side	city or town, stole) DATE SIGN 127/3
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY BOUNDAL (Specify) 6/29/59 ST JOHN	OR CREMATORY 22d. LOCATION	N (City, town, or county) (State)
	23. EUNERAL DIRECTOR'S SIGNATURE & ADDRESS LE	240. REC'D BY REGISTRAR	

may be retained he TO FUNERAL DIRECTOR:

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1657			N. A. S.
	Walter History and St.		STATE STATE OF THE

may be retaine the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be Affed with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death.

TO HOSPITAL O VS A15 (4) 15M 9/55

35/2 Frederick ave.

		. 000	U	CEKIIFI	CAI	C OF DEA	111			Reg. D	ist. No		
1	PLACE OF DEATH	ne Arundel		MARYLAN		USUAL RESIDENCE o. STATE Marv			If institution.			re admissi	ien)
		(If outside corporate limits, nearest town)	write c. LE	NGTH OF STAY IN	1b ×	c. CITY OR TOWN	(If outside cor adena	rporote lin				prest fown)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give	25 22 22		1	d. STREET ADDRESS	5	73				e. IS RESI ON A YES	IDENCE FARM? NO
3	NAME OF DECEASED (Type or print)	First Josep	hine	Middle R.		lost Frank	4. DATE	E TH	Mon June		D.		Year 19 59
	sex Female		IDOWED 🕞	DIVORCED] ;	Sept. 30,	18 38	lost	E (in years birthday) prs.	Months Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
	during most of wor	ON (Give kind of work dor rking life, even if retired)	106. KIND De	of Business or in 10.75 STO.		11. BIRTHPLACE (SI	-	n country)			U.S.		COUNTRY
1	BENJA	/ / / / / / / / / / / / / / / / / / / /	155 e	11		MARY	A. C	Col	0				
	S. WAS DECEASED EV	ER IN U. S. ARMED FORCE: (If yes, give war or dates of servi			MAR. H	WILLIAM	A. FR	ANK	Add	ress T.	7. 9 2A51	- 13.	427 1A. N
		ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for	(0), (b), ond (c).] REBR	AL	HEMOK	RHA	6E			G22 022	ERVAL BE	TWEEN DEATH
	Conditions, if a gove rise to cause (a), stating	the under-	CEL	PEBRAL	AK	TERIO.	SCHE	ROS	15		U	nts	erun
THEFT	PART II. OT	HER SIGNIFICANT CONDIT	MEL	IBUTING TO DEATH	5					EN IN PA	RT 1(o)	PERFO	AUTOPSY PRMED? NO
MEDICAL CENT		MEDICAL EXAMINER)		OCCURRED 20e	PLACE (OF INJURY (Home, f street, office bldg.,	form, 20f. (C	City or tow	/n)		(County)		(Stote)
	21. I certify to alive on	at I attended the d	19.5.7			1957, to coursed of 730	2/3-M, fr	am the	/	and on			
	20. BURIAL, CREMATIC SEMOVAL (Specify Council	Jane 9, 19	59 2	NAME OF CEMETER Baltimor	e C	Em.	B	alte	ity, town, o	و	92	(Stote	e)
2	S. FUNERAL DIRECTOR	es SIGNATURE	fel.	ADDRESS		24g. R	UN 8	istrar 59	24b. REGIS	STRAR'S S			

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23. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

06314

6352 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) d. SIATE Maryland a. COUNTY b. COUNTY MARYLAND Anne Arundel Charles b. CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give negrest tawn)
Crownsville LaPlata 9mo. 23 days d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARMA Crownsville State Hospital YES NO NAME OF First Middle 4. DATE Last DECEASED OF DEATH Gainor Helen Lena (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Days 4/22/15 Months Hours Female Negro WIDOWED I DIVORCED [10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) U.S.A. Maryland Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Charles Pryor 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Hospital Records No Unknown INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Heat Exhaustion DUE TO Dehydration Canditians, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause last. Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? Catatonic Schizophrenia, Hepatic Cirrhosis YES NO T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Year 20d. INJURY OCCURRED (State) factory, street, affice bldg., etc.) g. m. While Nat while at wark at wark p. m. 1048 1959, that I last saw the deceased attended the deceased fram and that death accurred at 3:05P M, fram the causes and an the date stated above. alive an ADDRESS (Street, city ar tawn, state) ACTUAL SIGNATURE Crownsville State Hospital, Md. Crownsville State Hospital, Md. PHYSICIAN'S Lionel McHenry Mapp, NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify)

240. REGID BY REGISTEAR

DATE AND DATE

246. REGISTRAR'S DIGHATURE

ADDRESS

may be retained by the FUNERAL DIRECTOR: page 3 shauld be detacl 10 VS A15 (4) 15M 9/5B

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8 i	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Them 9. FilmG243 6-12-59 et Reg. Dist. No. Reg. Dist. No.
cremal cremal	1. PLACE OF DEATH o. COUNTY 1. PLACE OF DEATH o. COUNTY o. STATE O. STA
noneral director	b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) ond give nearest layer) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS C. CITY OR YOWN (If a viside corporate limits write RURAL and give nearest town) on STREET ADDRESS ON A FARM? YES NOT
unerol or your fi	3. NAME OF DECEASED (Type or print) TRENE E GALLOWAY 4. DATE Month Day Year OF DEATH (1959)
ined for	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In your loud birthdool months) 15 UNDER YEAR IF UNDER 24 HRS. Months Days Hours Min.
5 may be reta	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY (5), BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? A MOTHER'S NAME 14. MOTHER'S MAYDEN NAME
rive Poges 5. Poge 5. File pog	15/WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If you, give wor or dutes of service)
n pencil in Item 18. (e clong with form PM: a buriol-Ironsil permit	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. (c).
r's Office	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
Exomine auld be	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) (County) (State)
g the w ledicol I age 3 sh	Hour a. m. p. m. 19 While Nat while at work at work at work at work
ute the certific writin prworded to the Chief M FUNERAL DIRECTOR: Pr removol.	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry , and find that death resulted from: Natural coases Accident , Suicide , Homicide , Undetermined cause . ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER EXAMINER'S NAME (Type) AUL F, GUERIH DEPUTY MEDICAL EXAMINER DATE SIGNED PEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
TO FUNE OT FUNE OT TO FUNE OT TO FUNE	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stotal Specify) 23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 6/9 - 9

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 10/57

NARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 1
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CERTIFICATE OF DEATH

06316 Reg. Dist. No.

6298	CERTIFIC	ATE OF DEATH		Reg. Dist.	110316 No.
1. PLACE OF DEATH O. COUNTY OF A COUNTY	entemaryland	2. USUAL RESIDENCE (When o. STATE)	re deceased lived. If	institution Residence	before admission)
b*CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown)		c. Effy OR TOWN (If for	tside corporate limits;	write RURAL and giv	e nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION	Weddress)	d. STREET ADDRESS	ryette	ave	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) dytal	Middle	anti	4. OATE OF DEATH	Month 6	Day Year 1959
semale Col. WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	1-19-19	9. AGE (In lost birt	years IF UNDER 1 Months D	YEAR IF UNDER 24 HRS! oys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done buring most of working life, even if retired)	b. KIND OF BUSINESS OR IND	UMAGI	MARK	12. CITIZI	S A
13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 (Yes. no. jot you hipsym) 1 (If yes. give wor or dates of service)	Campbel 6. SOCIAL SECURITY NO. 17	14. MOTHER'S MAIDEN NA	ide ?	Address	liamo
1B. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	line for (g), (b), and (c).]	we barrin	yanti	44201	INTÉRVAL BETWEEN ONSEI AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.	0				٩
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMIN	AL DISEASE CONDITION	ON GIVEN IN PART I	(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING LI CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURI	RED. (Enter noture of injury in Po	rt I or Port II of item	18.)	
Hour o.m. Whi		PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)	20f. (City or town)	(Cou	rnty) (Stote)
21. I certify that lattended the decedative an 19, 19 ACTUAL SIGNATURE Through X		th accurred at 114		uses and an the	date stated abave. DATE SIGNED
PHYSICIAN'S DY THEODORE A	H. Johnson	1 Cen	napolis	Mr.	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 6-22-59	22s, NAME OF CEMETERY	OR CREMATORY 2	2d. LOCATION (City.	town, or county)	lary land
23, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS WILL	1, 11/11		REGISTRAR'S SIGN	

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death! Page 4

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06317

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CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY AND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If-outside corporate limits, write c. LENGTH OF STAY IN 1b	11th VORIC BIONX 34
RNRAL and give negrest town) RNAL and give negrest town) GRALENIO GRALENI	files 194811 New York N-4
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION OR OF HOSPITAL (If not in hospitol, give street oddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO DE
3. NAME OF DECEASED (Type or print) OIGA NIAPIA	OF DEATH Month Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED WEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME CREMENTS B. Lehnert	14. MOTHER'S MAIDEN NAME LINNE 19 AN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (191, no. or unknown) (1) yes, give wor or dates of service)	SEGNARD D. Gilbert Brown ST.
18. CAUSE OF DEATH [Enter only one couse per Time for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ory FAIJURE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate (b) Pulmingray	Métastasos bucks
couse (o), stoting the under lying couse lost. Carci No M	a Cocum 14R.
Lepatic F	AT / U BLE NO PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port 1 or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour o. m.	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) foctory, street, office bldg., etc.)
21. I certify that I attended the deceased from	th occurred at 120/M, fram the causes and an the date stated above.
ACTUAL SIGNATURE SUS MICHAEL	M.D. 7/ S (Street, city or lown, stote) DATE SIGNED M.D. 7/ S (20 + Te R R R R R)
PHYSICIAN'S R.W. PRICHARD	Glen Burnie Marylan
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY SEMOVAL (Specify) Jane 4-1959 LOUGON Par	or CREMATORY 22d. LOCATION (City, town, or county) (Stole) Lengtery Daltimore City - Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Po Joseph Glen Burn	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNAPURE ONLY DATE 24a. REC'D BY REGISTRAR'S SIGNAPURE CITIZAN 8. Known

may be retained the haspital or attending physician.

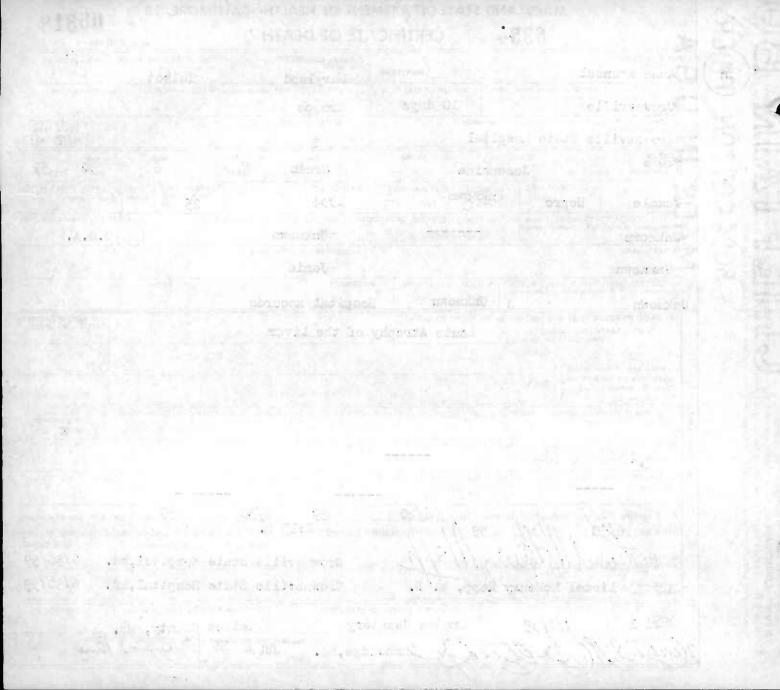
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye-carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

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TO HOSPITAL OR

VS A1S (4) 15M 9/58

	MARYL 63		STATE DEPART	CATE OF			TIMORE,	Reg. Di		318
1. PLACE OF DEATH a. COUNTY Anne Aru			MARYLAN	o. STATE	land		d lived. If institut b. COUNTY Talbo	t		V
RURAL ond give to Crownsvi.	(If outside carporate limit tegrest town) 11e	ts, write	c. LENGTH OF STAY IN 10 days	c. CITY OF		autside corpo	orate limits, write f	RURAL and	give neare	st tawn)
OR INSTITUTION	ITAL (If not in haspital, g			d. STREET	ADDRESS					IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fire J (oseph	Middle ine		een	4. DATE OF DEATH	Mar	bh 6	^D 30	19 ^{Year} 9
Jemale	6. COLOR OR RACE	7. MARRI UNK WIDOWE	NEVER MARRIED [B. DATE OF BIR			9. AGE (In years last birthday) 25 yrs.	IF UNDER Months		Hours Min.
Oa. USUAL OCCUPATI during most of wor Unknown	ON (Give kind of wark or rking life, even if retired)	dane 10b. I	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTH	PLACE (Stote	e ar foreign c			U.S.	VHAT COUNTR
3. FATHER'S NAME Unknown				14. MOTHER JE	s MAIDEN	NAME	F-183			
IS. WAS DECEASEDEV (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of se	ervice)	social security No.	Hospital	Mana		Add	Iress		
Canditians, if a gave rise to cause (a), stoting lying cause lost. PART II. OT	the <u>under-</u> DUE TO)	ONTRIBUTING TO DEATH	BUT NOT RELATED 1	O THE TERM	NNAL DISEAS	E CONDITION GIV	VEN IN PAR		WAS AUTOPS PERFORMED? YES NO
20g. ACCIDENT W	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCU	RRED. (Enter nature	af injury in	Part I ar Por	t II af item 18.)		18.8	
20c. TIME OF INJU Havr a. me p. m.		While	UURY OCCURRED 20e	PLACE OF INJURY foctory, street, offi			y ar tawn)	(0	Caunty)	(Stat
21. I certify to alive an 6	hay lattended the	/		ath accurred a	2:15	ADDRESS (S		nd an the stote)	e date s	the decease stated abov DATE SIGNI
	ionel McHen	ry Me	pp, M. D.				te Hospi			6/30/5
22a. BURIAL, CREMATIC										
REMOVAL (Specify DUL'18) 23. FUNERAL DIRECTOR	7/3/59)F	22c. NAME OF CEMETER Trappe Cem				TION (City, town,			(Stote)



DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofther

moy be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director page 3 shauld be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with page 3 shauld be detached far use as the burial-transit permit. VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6355

06319 **CERTIFICATE OF DEATH** Reg. Dist. No.

Anne Arun	del		MA	RYLAND	o. SIATE Maryland	v nere decease	b. COUNTY			1
RURAL and give ne Crownsvil	le		c. LENGTH OF STA	AY IN 1b	e. CITY OR TOWN (III		orate limits, write R		ive neare	
OR INSTITUTION	AL (If not in hospital, see State H				d. street address 903 Cherr	y Hill	Road			IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	F	reder			Cross	4. DATE OF DEATH	Mar 6	nth	Day 25	Year 19 59
5. SEX	6. COLOR OR RACE	7. MARRI WIDOWEI			B. DATE OF BIRTH		9. AGE (In years lost birthday) 58 yrs.	-		UNDER 24 HRS Haurs Min.
10a. USUAL OCCUPATIO during most of work Chaueffer 13. FATHER'S NAME	ing life, even it refired	1}	or Box C		Baltimor	e, Mar			S.A	VHAT COUNTRY
John S.					Minnie V	Vard		2.87	76	9.0
15. WAS DECEASED EVER (Yes, no, or unknown) (Tuknown)	IN U.S. ARMED FOR If yes, give war or dates of s		5 09 0602		ospital Reco	rds	Add	ress		
	mediate	Atro			s of liver w	rith Al	coholism	581.1		VAL BETWEEN AND DEATH
20g. ACCIDENT WA	ER SIGNIFICANT CON	iditions <u>co</u>			NOT RELATED TO THETER/			/EN IN PART		WAS AUTOPSY PERFORMED? (ES NO [
20c. TIME OF INJURY Haur p. m.	MEDICAL EXAMINER)	ar 20d. IN. While at work	JURY OCCURRED Nat while of work	20e. PLA foc	CE OF INJURY (Hame, fai tory, street, affice bldg., e	rm, 20f. (City	y ar town}	(Cc	ounty)	(State
21. I certify the olive on	of 1 gitended the	decease 1259 Plui		1	occurred at 9:13 Crownsvill A.D.	_M, from	treet, city or town.	d on the	t sow t	the deceased toted above DATE SIGNED
PHYSICIAN'S NAME (Type) Lio	nel McHenr	у Мар	p, M. D.		Crownsville	e State	e Hospita	1, Md.		6/26/5
22a. BURIAL, CREMATION	6/30/3	of g	22c. NAME OF CEI	METERY OF	CREMATORY	22d. LOCA	TION (City, town, o	or Sounty)	1	(Stote)
23. FUNERAL DIRECTOR'S	SIGNATURE RAN	us c	SSN.	9,1/2		JUN 3 0		STRAR'S SIGN		A

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06320

a. COUNTY		56			ATE OF DEAT			Reg. D	ist. No.		
An	ne Arunde	1	MAR	RYLAND	2. USUAL RESIDENCE (W o. STATE Maryland		d lived. If instituti b. COUNTY	an: Reside		-	-
b. CITY OR TOWN RURAL and give I	(If autside carporate lim	its, write	c. LENGTH OF STAT	Y IN 1b	c. CITY OR TOWN (IF		rate limits, write R	URAL and	give nec	prest town	n)
Brookly	n Hets.	20	20 vr	S.	X Brookly	n Hei	ghts				
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital,	give street o	ddress)		d. STREET ADDRESS					e. IS RES	IDENCE
5414	T1P 4	ve.			5414 Was	sena .	Ave				FARM?
NAME OF DECEASED (Type or print)	Julia		Middle Sterka		Lost	4. DATE OF	Man		Do		Year
. SEX				~	ovsky	DEATH	June 1				19 59
Female	6. COLOR OR RACE	WIDOWE!		_ ,	8. DATE OF BIRTH May 3. 1874	1	9. AGE (In years lost birthdoy)	Months	Days	Hours	Min.
Oa. USUAL OCCUPATE	ION (Give kind af wark rking life, even if retired	done 10b. 1		OR INDU	STRY 11. BIRTHPLACE (Stote	ar fareign c		12. CI	ITIZEN C	F WHAT	COUNTRY
House	wife		None	14.	Czechos	Bloval	cia		U	. S.	
3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
Unkno	own				Unknow	m					
5. WAS DECEASED EV	ER IN U. S. ARMED FOR		OCIAL SECURITY NO	O. 17. I	NFORMANT		Add	ress			
Yes, no, or unknown)	(If yes, give wor or dates of t	service)		B/F-\$	ss Helen Ky	T.O.T	San	2.0			
Canditians, if a	immediate (1	11770	ex	Wayy V	VIL	11000	//		-	
lying cause lost.	the under-	:)(:									55
lying cause lost.	(c	:)(:	ONTRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(o) 1	PERFO	AUTOPSY PRMED?
PART II. OT PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	(c	DITIONS CO			NOT RELATED TO THE TERM D. (Enter nature of injury in			EN IN PAI	RT 1(o) 1	PERFO	RMED?
PART II. OT PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING G CAUSE OF DEATH CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY C	OCCURRE		Port I ar Port	II of item 18.)		(County)	PERFO	RMED?
Jying cause lost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF: Haur a. jr. p. m. 21. I certify the control of the contro	AS UNDERLYING GAS UNDERLYING HAS UNDERLYING HAS WEDICAL EXAMINER) RY Manth, Day, Ye 19 that Lattended the	20b. DESC 20b. DESC ar 20d. IN While of wark decease	DURY OCCURRED Not while at wark d from. and that	20e. PL	D. (Enter nature of injury in ACE OF INJURY (Home, form ctory, street, office bldg., etc., 19.5% to accurred at 6.4%	Port I or Port 20f. (City M, fron ADDRESS (SI ataps	or tawn) or tawn) 11. A., 19.4. or the causes a reet, city or town, a CO Ave.	Ithat I and an I	(County)	PERFO YES	(State) decease dabove
Iving cause lost. PART II. OT 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJUI Hour a. p. p. m. 21. I certify the control of the c	AS UNDERLYING DATH CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Ye 19 hat Lattended the	20b. DESC 20b. DESC ar 20d. IN While of work decease	DURY OCCURRED Not while at wark at wark and that the mers M.	20e. PL for t death	D. (Enter nature of injury in ACE OF INJURY (Home, form ctory, street, office bldg., etc. 1957 to accurred at 6 A M.D. 1101 P	Port I or Port 20f. (City M, fron ADDRESS (SI ataps	or tawn) or tawn) 11. A., 19.4. or the causes a reet, city or town, a CO Ave.	Ithat I and an I	(County)	PERFO YES	(State) decease dabove
Iving cause lost. PART II. OT 20a. ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIFY) 20c. TIME OF INJUIT Hour a. p. p. m. 21. I certify the control of the	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Day, Ye 19 hat Lattended the Henry Con, 22b. Date Thereon,	20b. DESC 20b. DESC ar 20d. IN While of wark decease	RIBE HOW INJURY COURRED Not while of work of the distribution of	20e. PL for	D. (Enter nature of injury in ACE OF INJURY (Home, form clory, street, office bldg., etc. 19.56 to accurred at 6.00 M.D. 1101 P Baltim R CREMATORY	Port I or Port 20f. (City M, from ADDRESS (SI ataps 22d. LOCAL	or town) or town) or town) the causes a reet, city or town, acco Ave along (City, town, colon)	Athat I and an I state)	(County)	PERFO YES	(State) (State) decease ed above ATE SIGNE 3 1
Jying cause lost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJUIT Haur a. j., p. m. 21. I certify the clive an actual signature PHYSICIAN'S NAME (Type) 20. BURIAL, CREMATIC.	AS UNDERLYING DATE THERE SIGNIFICANT CON CASE OF DEATH MEDICAL EXAMINER) RY Month, Day, Ye 19 Henry G. Jane 13	20b. DESC 20b. DESC ar 20d. IN While of work decease	DURY OCCURRED Not while of work d from, and that mers M. 22c. NAME OF CEM	20e. PL for	D. (Enter nature of injury in ACE OF INJURY (Home, form ctory, street, office bldg., etc. 19.56 to accurred at 6.00 M.D. 1101 P Baltim R CREMATORY	Port I or Port 20f. (City M, from ADDRESS (St ataps	or tawn) or tawn) 1. 19.5 or tawn)	Athat I and an I state)	(County) last so the dal	PERFO YES D	(State) (State) decease ed above ATE SIGNE 3 1

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CERTIFICATE OF DEATH

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	- 0299 CERTIFIC	Ale OF DEATH	Reg. Dist. No.
	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If in o. STATE	
1	Anne Arundel County MARYLAND	Maryland b. Col	XXX ? A.A.
ļ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give nearest town)
l	Annapolis	★ Gambrills	
	d. NAME OF HOSPITÂL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO K
ŀ	Anne Arundel County Hospital	None	
l	NAME OF DECEASED (Type or print) Eva Steel H	aselberger DEATH	Manth Day Year 1999
Į	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In) lost birthe	
	Femal White WIDOWED N DIVORCED	Oct. 11, 1882 76	yrs. Months Days Hours Min.
	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife - Ret. At Home	USTRY 11. BIRTHPLACE (Stote or foreign country) Savannah. Georgia	12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	James Withers	Unknown	
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT	Address
	(Yes, no, or unknown) . (If was give war or dates of service)		Gambrills, Md.
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
I	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Port II of item 10	8.)
		PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(County) (Stote)
l	21. I certify that affended the deceased fram Nov	, 1957, ta 6/6 , 19	
I	alive an 19, and that deal	th occurred at 3.6 P.M. fram the cause	
1	ACTUAL So O DA INO	ADDRESS (Street, city or	town, stote) DATE SIGNED
ı	SIGNATURE COMPANY COMPANY	M.D. (III CATAEDI	CHC 31 6/6/5;
	PHYSICIAN'S RICHARD NIFEELER	- ANNAPOLIS	, bd-
Ī	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, to	own, or county) (Stote)
	REMOVAL (Specify) Burial June 10, 1959 Arlington No. 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	tional Cemetery Arling	ton, Virginia. REGISTRAR'S SIGNATURE
			arthur S. Kraus
į	YY. W COHMOLAS RIVERGATE, I	The Designation of the Designati	Corner 21, 100mm

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after by the haspital ar attending physician.

TO HOSPITAL OR may be retained VS A1 15M 9/58 HARD SOURT STATES

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

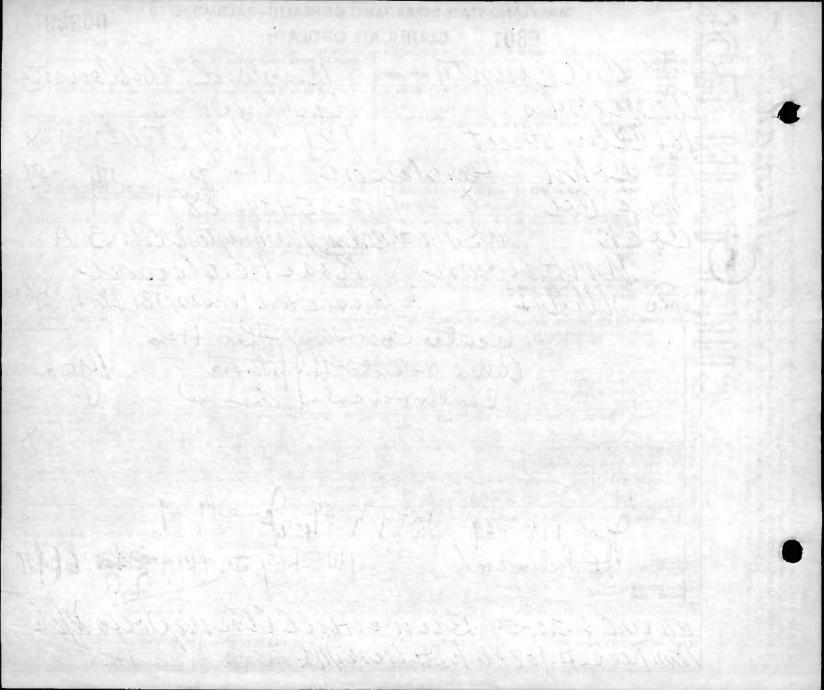
06290

6:	BOO CERTIFICA	ATE OF DEATH	Reg. Dis	110322 t. No.
1. PLACE OF DEATH o. COUNTY	A MARYLAND	2. USUAL RESIDENCE (Where de D. STATE	ceased lived. If institution: Residence b. COUNTY	te before admission)
b. CITY OR TOWN (If outside corporate limits RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL If not in hospitol, gi- OR INSTITUTION	re street oddress)	d. STREET ADDRESS	ill st	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle Middle	Hebron 4. D	EATH Jume	Day Year 1959
mule Coloras	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	mois 16 189	lost birthdoy) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work diducting most of working life, even if retired)	one 10b. KIND OF BUSINESS OR INDL	Annah	eign country) 12. CITI	ZEN OF WHAT COUNTRY
13. FATHER'S NAME Octoward	Hebron	14. MOTHER'S MAIDEN NAME	The same of the sa	em
15. WAS DECEASED EVER IN U. S. ARMED FORC	ES? 16. SOCIAL SECURITY NO. 17, vice) 2/13-10-51010	Usabeth Mul	Rins 71 (lau.
1B. CAUSE OF DEATH [Enter only one cou PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	se per line for (of) (b), and (c).]	Evely, Du	et	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate DUE TO	Intervocler	the Vascule	a Disease	Igear
lying couse lost. (c).	DITIONS CONTRIBUTING TO DEATH BU	T NOT DELATED TO THE TERMINIAL D	ICEASE CONDITION GIVEN IN PAD	1(a) 19 WAS AUTOPSY
САТІС		y		PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRI			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.	r 20d. INJURY OCCURRED 20e. Pl While Not while of work 0 the work 1	LACE OF INJURY (Home, farm, 20f actory, street, office bldg., etc.)	. (City or town) (C	ounty) (Stote)
21. 1 certify that I attended the	64	H accurred at 153 M.		ast saw the deceased
ACTUAL SIGNATURE RE, RE	ronkin		ESS (Street, city or town, stote)	Md. 6193
PHYSICIAN'S NAME (Type)		/		/ ' ' ' '
220. BURIAL, GREMATION, 226. DATE THEREOF	21/39 Brower T	OR CREMATORY 22d.	LOCATION (City, town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS by	24a. REC'D BY R		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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TO HOSPITAL OR NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the path. Page 4	moy be retained by the hospital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and campletely tilled in by the funeral director,	page 3 should be detached far use as the burial-transit permit. Then please remave carbon popers. Pages 1 and 2 shauld be filed with	the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs after death.
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VS A15 (4) 1SM 9/SB

. 0002	Keg. Dist. No.
1. PLACE OF DEATH O. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 5. STATE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	Maryland Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Annapolis d. NAME OF HOSPITAL (If nat in haspital, give street address)	Annapolis d. STREET ADDRESS o. 15. RESIDENCE
nne Arundel General Hospital	315 N. Linden Ave.,
NAME OF First Middle Tempe C.	HENLEY 4. DATE Month Day Year OF DEATH June 24 19 59
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Female White WIDOWED DIVORCED	B. DATE OF BIRTH JUNE -16 - 1885 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HI Months Doys Hours Min
DO. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	North Carolina 12.CITIZEN OF WHAT COUNTR U.S.
Julian a Clitton	Mary Jane Vallahn
WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. (If yes, give war or dates of service)	Mary C, Henley (2)
PART I. DEATH (Enter only one caus marilipetro 13 (board monary PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) thrombophlebitis Conditions, if ony, which gove rise to immediate couse (a), stoting the under-	
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Brain tumor (astrocytoma) right tempor	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPPERFORMED? PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED for the p. m. 19 While of work of the other than 19 of work of the p. m.	ACE OF INJURY (Home, form, 20f. (City ar town) (County) (Stoctory, street, office bldg., etc.)
	20 , 19.59 , ta <u>June 24 , 19.59</u> that I last sow the decease accurred a4:05P M, from the causes and on the date stated obo
ACTUAL SIGNATURE & L. Kulou and and	ADDRESS (Street, city or tawn, stote) DATE SIGN M.D. 110 Clay St., 6/25/59
PHYSICIAN'S R. L. Richardson	Annapolis, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
3. FUNERAL DIRECTOR'S SIGNATURE Sons and DDRESS Commapole	Mel 240. REC'D BY/REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUN 2 9 '59 Onthur S. Kraus
	Price JUNE 5 55 CIMMAN A, MANA

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CERTIFICATE OF DEATH 6303

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06325

Reg. Dist. No.

	D. COUNTY	e arus	idel	MARYLAND	o. STATE	NCE (Where deceosed	b. COUNTY	Residence before Anne Ar		_
1	b. CITY OR TOWN (I	If outside carparate lim	its, write c. LE	ENGTH OF STAY IN 18		WN (If outside carpo	rate limits, write RUR	AL ond give ne	arest tawn	1)
A		and arol Tex	o, ical		X Edgewa	ater				
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, s	give street addres	ss)	d. STREET ADD	DRESS	-			FARM?
	NAME OF DECEASED (Type or print)	Hay Fi		Middle	Herathost	4. DATE OF DEATH	Month June	2.8	,	Yeor 1959
5. 5		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED			9. AGE (In years II	F UNDER 1 YEAR		
fe	emale	white	WIDOWED [DIVORCED [November	13, 1887	71 yrs.			
	during most of worl	ON (Give kind af wark king life, even if retired	dane 10b. KIND	OF BUSINESS OR INC			ountry)	12. CITIZEN OI	WHATC	OUNTRY?
	nousewife				14. MOTHER'S M		. C.		-	
10.		B. Pinckn	017			ry Martha	Porcher			
15.		R IN U. S. ARMED FOR		AL SECURITY NO.	INFORMANT	y Wattha	Addres	\$		
(Ye	s, no, or unknown)	(If yes, give war or dates of		ne	achert 3/10	HOLLING E	dgewater	Marv	land	163
	1B. CAUSE OF DEA	ATH [Enter only one co				M		INT	ERVAL BE	
	PART I. DEA	TH WAS CAUSED BY:	- Pul	monary	failure			UN	PA >	MAN
	162.1	DUE TO							2,	
	Canditions, if a	ny, which)	mo	tantil	MALKI	nam at	an est	Lit.	7	1 /2
	gave rise to i	mmediote (,	Lalon	and le	mbosac	cral Da	pine		7 36
	cause (a), stating lying couse last.	the <u>under-</u>	Be	onches	enie (receno	me of	lest ker	ne i	8 mon
CATION	PART II. OTH	HER SIGNIFICANT CON	IDITIONS CONTR	RIBUTING TO DEATH B	BUT NOT RELATED TO T	HETERMINAL DISEASI	E CONDITION GIVEN	PART 1(a)	PERFO	AUTOPSY PRMED?
CERTIFIC	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter noture of i	injury in Port I or Port	t II of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While _	OCCURRED 20e. Not while of work	PLACE OF INJURY (Ho factory, street, office b		or town)	(County)		(Stote)
	21. I certify th	at I attended the	deceased fr	om June	4 1959	to June	27 1959 11	at I last so	w the d	leceased
	olive on J		1959		th occurred at		/ /			
	01110	0	1	10			treet, city ar tawn, st		DAT	E SIGNED
	ACTUAL SIGNATURE	Dylvi	Jmc	June)	M.D			6	/28	159
	PHYSICIAN'S NAME (Type)									
220	BURIAL, CREMATIC REMOVAL (Specify)	N, 22b. DATE THERE	OF 22c.	NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, town, or	caunty)	(Stot	e)
b	urial	June 30	1959	Congres	sional	Wa	shington	D.C.	1 - 1	
23.	FUNERAL DIRECTOR	'S SIGNATURE	31721	ADDRESS		24a. REC'D BY REGIST		RAR'S SIGNATU	RE	

VS A15 (4) 15M 9/5B

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		in Appellant and Committee
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

F. DENNY, INC. 715 Light St.

06326

Marg	garet Ma	rch Hig	gins	CERTI	FICA	TE OF D	EATH				Reg. Dis			U
1. PLACE OF o. COUNT	Υ .	rundel	- /	630 MARY	rLAND :	O. STATE	ENCE (Whe	ere decease		f institutio COUNTY	n: Residen	ce before	e odmiss	ion)
RURAL	R TOWN (If outside ond give nearest tov Annapoli	vn)	write c. L	ENGTH OF STAY	IN 1b	c. CITY OR TO		utside corpo	rote limits	, write RL	IRAL ond	jive near	rest town)
d. NAME (OR INS	OF HOSPITAL (IF no TITUTION Ann	t in hospital, give			p. /	d. STREET AL Box	380	C C	rch	ard	Ave.	е		FARM?
3. NAME OF DECEASED (Type or pr	Inn	First	+ 5	M. Middle	He	Gari	is.	4. DATE OF DEATH	Ju	Mont ne		1959)	Yeor
S. SEX	6. COL		MARRIED D	NEVER MARRI		BATE OF BIRTH March		900	9. AGE (lost bi	In yeors rthdoy) 9 yrs.	Months	1 YEAR Doys	Hours !	R 24 HRS. Min.
during m	OCCUPATION (Give nost of working life, Sewing	kind of work dor even if retired)	-	of Business of	OR INDUSTR	Wes	t Vi	rgin:			12.CITI	ZEN OF	WHATC	OUNTRY?
13. FATHER'S JO	hn Wm.	Baumgar	ner			14. MOTHER'S	oline	-	K					
1S. WAS DEC (Yes, no, or unkn	EASEDEVER IN U. S	S. ARMED FORCE war or dates of servi	5? 16. SOCI	AL SECURITY NO		• Howa	rd R	. Hig	ggin	Addre	Jess	sup,	Md	
gove r couse (d lying co	ions, if ony, which is to immedia ob, stoting the under ouse lost.	DUE TO (c)_	Ch	ion (- C	juge	it.		la	il	en		y	u.
20a. ACC	CIDENT WAS UNDER	RLYING 20		HOW INJURY O							:N IN PAK	1 1(0) 19	PERFO	NO
₹ 20c. TIME	R, NOTIFY MEDICA OF INJURY Montur o. m. p. m.	LEXAMINER)	While	Y OCCURRED Not while of work	20e. PLAC focto	E OF INJURY (H ry, street, office	lome, form, bldg., etc.)	20f. (City	or town)		(0	County)		(Stote)
	AN'S E	tended the d	eceased f	and that	death o	1925 occurred at 7 0. 121	7394	M, fram ADDRESS (S	the cau	uses and	d an the		stated	
	CREMATION, 22b.	DATE THEREOF June 4,		NAME OF CEM				22d. (OCA E1k:	TION (CIP		r county)		(Stot	e)
	DIRECTOR'S SIGNA		C. 71	ADDRESS 5 Ligh	t St		24a. REC'D	BY REGIST	159 2		TRAR'S SIG			

JUN 3

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aff ofter death cremation, or remavol, and in any the registrar priar to burial TO HOSPITAL OR

VS A1S (4) 1SM 9/SB

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6357

06327

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. Same b.	If Institution: Residence before admicounty An 17 = ARYN	11
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limit	ts, write RURAL and give nearest to	
Glen Burnie	Since 5/1/59	Same GLEN	BYENIE	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	ital, give street address)	d. STREET ADDRESS		RESIDENCE
703 Baylor Rd. Glen Burnie	Park	Same 703 1344L] 00 🔼
3. NAME OF DECEASED (Type or print) George William Hi		Lost 4. DATE OF DEATH JUX		Yeor 1959
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (III		DER 24 HRS.
M W WIDOWED	DIVORCED .	9/10/ 3 5 23	yrs. Months Days Hours	Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Salesman	ND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign country) New Port, R.I.	12. CITIZEN OF WHAT	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Robert G. Hiltz		Enid Fowler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. IN	FORMANT	Address	
(Ves., no. or unknown) (If yes, give war or dates of service) Naval Reserve.	16-32-493 Mrs	. Nancy Hiltz (wife)	SATE	
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o) 778, / DUE TO Conditions, if ony, which (b)		Possoning	INTERVAL BETWONSET AND DE	ZEEN ZATH
gave rise to immediate cause (a), stating the underlying cause last. (c)				
PART II, OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(a) 19. WAS PERF YES	AUTOPSY DRMED? NO
CAUSE OF DEATH.	HOW INJURY OCCURRED. (En	ter nature of injury in Part I or Part II of item 18	e- closed o	lam w
A Hour While	Not while at work	E OF INJURY (Home, form, 20f. (City or town) ry, street, office bldg., etc.)	(County) Rua AA	(State)
21. I certify that I took charge of the re	mains described abov	e, held an Autopsy . Inspectio	n , Inquiry , and	find that
death resulted from: Natural causes	, Accident [], Suic	ide 🔀, Homicide 🔲, Undeterm	ined cause .	
ACTUAL RUSSELL S	Fisher	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	Chalca	SIGNED
EXAMINER'S Russell S. Fisher	Chie	OF XXXVITE MEDICAL EXAMINER	921159	
220. BURIAL CREMATION, 22b. DATE THEREOF 25 API 94 7-1-59	Loudon Pr	REMATORY 22d. LOCATION (CITY BALT)	town, or county) (Sto	(e)
23 THUNERAL DIRECTOR'S SIGNATURE 200 FRIN	0 0 11	24o. REC'D BY REGISTRAR 24	b. REGISTRAR'S SIGNATURE	
Francis V. miller 21011	Frederick, an	c. DATE JUL 6 59	Colored A. / Chause	

HARRICE DE CARLES ACTOR AND THE PURCH CHEST IN LE Acure Copesin Menexide Poisening Seated in car-moter running-closed garage 428 59 x garage Glen Buni Pr. A.A. Min.

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3/2/2 mm 2/2/2/2/2			

d. STREET ADDRESS

Lost

14. MOTHER'S MAIDEN NAME

MARYLAND

c. LENGTH OF STAY IN 16

7. MARRIED NEVER MARRIED

100, USDAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (Stote or foreign country)

WIDOWED [

Middle

DIVORCED T

6. COTOR OR RACE

06329

e. IS RESIDENCE

Day

IF UNDER I YEAR IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

Days

YES NO

Yeor

19

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY

c. CIDYOR TOWN (If outside corporate limits, write RURAL and give nearest town)

9. AGE (In years lost birthday)

Month

Months

4. DATE

OF DEATH

X		MARYLAND STA	7.
M	1. PLACE OF DEATH o. COUNTY	\overline{a}	
	b. CITY OR TOWN (If outside RVRAP and give nearest to	Oles	
X	d. NAME OF HOSPITAL (IF no OR INSTITUTION)	of infrospitol, give street oddres	s)
	3. NAME OF DECEASED	First	

(Type or print)

13. FATHER'S NAME

5. SEX

24 2 cion and campletely for carbon papers. Pag ofter death. physician

within 24

ote		.io	00	10
rtifice		physi	том	hour
O		b	5	72
TO HOSPITAL OR SENDING PHYSICIAN: The low requires that the death certificate		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician	pleas	the registrar prior to burial, cremation, or removal, and in any event within 72 hours of
he		0	en	nt.
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1	5M	9/	55	}

Conditions, if ony, which gove rise to immediate cause (o), stoling the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPH PERFORMED? YES NO. 19. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) 20c. TIME OF INJURY Month, Doy, Year Not while Not while of work of work. 21. I certify that I attended the deceased from May 19. 53, to June 6, 19. 59, that I last saw the deceased alive on June 5, 159, and that death occurred at 6:15PM, from the causes and an the date stated about the control of the causes and an the date stated about the control of the causes and an the date stated about the cause of the causes and an the date stated about the cause of the cause of the causes and an the date stated about the cause of the caus		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
PERFORMED? YES NO SECURE OF OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 19 of work of work of work 19 of work of work 19 of work of work 19 of work		Conditions, if ony, which gove rise to immediate cause (o), stoting the under-	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of the p.m. 19 of the p.m. 19 of work of the p.m. 19 of work of the p.m. 19 of work of the p.m. 19 of the p.m.	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1 1(0) 19. WAS AUTOPS PERFORMED? YES NO 12
Hour o. m. 19 While of work o	Ceptien	OR CONTRIBUTING CAUSE OF DEATH	
actual signature 1. Communication of the destallar occurred at 6:15PM, from the causes and an the date stated about the signature of the signa	EDICAL	Hour o.m. 10 While Not while foctory, street, office bldg., etc.)	County) (State
PHYSICIAN'S C. D. J. M. D.	1 3		
		21. I certify that I attended the deceased from May	
	1 2	21. I certify that I attended the deceased from May , 19 53, to June 6, 19 59, that I I alive on June 5, 159, and that death occurred at 6:15PM, from the causes and an the ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE M.D. Amos Garrett Blvd.	DATE SIGN

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FOR STATE

HEALTH DEPT.

ry, please or. Poge your files. TO DEPUTY MED.

EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessarily a second the certification of the formal second to the certification of the formal second to the chief Medical Examiner's Office along with farm PM3. Page 5 may be retained tony TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6359 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. (0.633()

1. PLACE OF DEATH					2. USUAL RESIDENCE	E (Where deced	ased lived. If institu	ution: Reside	ence before or	dmission)
Anı	ne Arundel		MARY	LAND	o. STATE Same		Same b. COUNT	Υ		
b. CITY OR TOWN and give regress to Oden		te RURAL	over 40 ye			(If outside co	rporote limits, write	RURAL ond	d give neorest	lown)
d. NAME OF HOSP	ITAL OR INSTITUTION	If not in hospi			d. STREET ADDRES	ss Same	1,5190	114	0	S RESIDENCE ON A FARM?
3. NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE	Mont	h	Doy	Year
	ames S. How					DEATH	June 1			19 59
5. SEX	6. COLOR OR RACE	P.3766 S.B.	NEVER MARRIE	B.	DATE OF BIRTH		9. AGE (In years lost birthday)	Months	Days Hou	NDER 24 HRS.
M	W	WIDOWED		_ , .	3/3/75		84. yrs.		00/1	74111.
10a. USUAL OCCUPAT during most of work	ION (Give kind of work ing life, even if retired)	done 10b. Kil	ND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (SI	lole or foreign	country)	12. CITI	ZEN OF WH	AT COUNTRY?
	etired farm	er			Calvert	County	.Md.	U	SA	
13. FATHER'S NAME					14. MOTHER'S MAIDE					
17 446 6	/# William 1	E. Howar	rđ		Rachel H	Rohinso	n			
15. WAS DECEASED E	VER IN U. S. ARMED FO	RCES? 16. 50	OCIAL SECURITY NO.	17. IN	ORMANT	TODING	Address			
	No	Nor	ne	1	rs. Franci	le Hove	rd (daugh	tan i	n low)	
18. CAUSE OF DE	ATH [Enter only one co		The second secon		T-9 - 11 SUC.	19-110##	ru (uaugi	ret T	INTERVAL BET	TWEFN
PART I. DE	ATH WAS CAUSED BY:	Cat	16 4 614 4			ah Ah .	and the second	1.	ONSET AND	DEATH
971	IMMEDIATE CAUSE (o		lf inflicte			gu me	MONTH WIT	n a	0.1	2
Conditions, if	DUE TO		8 caliber (OTT	KAOTAGL'				Sud	den
gove rise to imm	ediote couse			•						
(a), stoting the										
) (c		TRIBUTING TO DEATH	L DILIT ALC	T DEL ATED TO THE TE	DAME OF THE PARTY				
PARI II. O	THER SIGNIFICANT CON	DITIONS CON	NIKIBUTING TO DEAT	BOLING	NETALED TO THE TE	KMINAL DISEA	SE CONDITION GIV	VEN IN PARI	1 1(o) 19. WA PER	S AUTOPSY
3									YES [NO
PART II. OT	ONTRIBUTING []	e # 18	HOW INJURY OCCUR	9)						
20c. TIME OF INJUNE OF INJ		While	Not while	factor	OF INJURY (Home, f y, street, office bldg.,	etc.)	y or lown) denton	(Cou	mty)	(Stote)
	that I toak charge	of the re		abov	e, held an Auto		nspection Y	Inquir		and in my
	resulted from:		And the second second	_			Undete		- 100	,
ACTUAL SIGNATURE	enstave,	XPa	uberdu	1	M.D. CHIEF MEDICAL	_			DAT	E SIGNED
EXAMINER'S					ASSISTANT MED					
	Gustave H.		t,M.D.		DEPUTY MEDIC	AL EXAMINER	6/15	/59		
270. BURIAL, CREMATI REMOVAL (Specif BUTIAL	6/16/59	OF 2	ne. NAME OF CEMETI		Cemetery		ATION (City, fown,			fale)
HODDING	& KARKLEY	ZX.	ADDRESS n Burnie		24a. Ki	EC'D BY REGIS	TRAR 246. REGIS	STRAN'S SIG		
11 0		,	2	,	- E DAIR	RINDE	24 1 (nthur &	Thous.	

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22c. NAME OF CEMETERY OR CREMATORY

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur & Kraus

ADDRESS

22b. DATE THEREOF

220. BURIAL CREMATION.

FUNERAL DIRECTOR'S SIGNATURE

06331 Reg. Dist. No. . IS RESIDENCE ON A FARM? YES NO D Day Year 197 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND PEATH PERFORMED? YES T NO (County) (State) 19.55 that I last saw the deceased M, fram the causes and an the date stated above. DATE SIGNED LOCATION (City, town, or county) (Stote)

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	17/21		
		SELECTION CONTROL OF A LEGISLA CONTROL OF A	
A. A.		AMERICAN AND AMERICAN	
		Participation of the second of	
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			WATER PROPERTY AND IN
			CITY MINNESSEE STATE
			STATE STATE OF THE PARTY OF THE

FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necreased execute the certificate word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funeral diseased to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far ly TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board at its designated agent, prior to burial, cremation, or remayal, and in a provent within 72 hours after death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6360 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06332

Reg. Dist. No.

	PLACE OF DEATH					2. USUAL RESIDENCE	CE (Where dece	ased lived. If inst	itution: Resid	lence be	fore adm	rission)
	o. COUNTY	ne Arundel		MARYL	AND	G. STATE	Md.	b. COUN	SOE YTH	90c	A.	A.
	b. CITY OR TOWN (and give neares) law	If outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	116	c. CITY OR TOW	N (If outside co	rporote limits, wri	ite RURAL on	d give r	nearest ta	own)
	Pasadena			30 years		X Sa	me					
		TAL OR INSTITUTION (f not in	hospital, give street address)		d. STREET ADDRE	SS					ESIDENCE
	2 West No	rfield Rd.	High	Point		1	Same					NO A
3.	NAME OF DECEASED	Fire	19	Middle		Lost	4. DATE	Mo	nth	Doy	•	Year
	(Type or print)	(රික්කක්කරුත්තරුක්ක)	Han	t) L. Oscar	•	Hunt	DEATH	June 6	oth.		1	19 59
5.	SEX	6. COLOR OR RACE	7. MA	RRIED NEVER MARRIED	■ B. C			9. AGE (In years	IFUNDER	TYEAR	IF UND	DER 24 HRS.
	М	W	1	WED DIVORCED	/	/27/1900		58 yrs	Months .	Days	Hours	Min.
100	i. USUAL OCCUPATI	ON (Give kind of work of his his hind of h	done 10	b. KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (S	State or foreign	country)	12. CIT	IZEN O	F WHAT	COUNTRY
	Janit	or in schoo	Is.	Bank		3 W	d.					
13	FATHER'S NAME				1	4. MOTHER'S MAID	EN NAME					
	John		11			Kather	ine - (1	Unknown)				
15. (Ye	. WAS DECEASED EN	/ER IN U. S. ARMED FO	RCES?	16. SOCIAL SECURITY NO.	17. INF	DRMANT		Addre	155			
	66			717-07-6246	His	driver's	License					
	18. CAUSE OF DEA	ATH Enter only one cau	se per l	ine far (o), (b), and (c). }						INTE	RVAL BETWE	FEN
	PART I. DEA	TH WAS CAUSED BY:	11.	ndetermined						ONS	ET AND DE	ATH
	M951	IMMEDIATE CAUSE (a)		ina ratimituan								
	11000) DUE TO										
	Canditions, if a											
	(a), stating the											
	cause last.) (c)										
Q	PART II, OT	HER SIGNIFICANT CON	PITIONS	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE T	ERMINAL DISEA	SE CONDITION G	SIVEN IN PAR	RT 1(o) 1	9. WAS	AUTOPSY PRMED?
3											YES T	NO A
CERTIFICATION	20a. EXTERNAL CA	NTRIBUTING [b. DESC	RIBE HOW INJURY OCCURRI	ED. (Ente	or noture of injury in	Part I or Port I	l ol item 18.)				
	CAUSE OF DEATH											
MEDICAL	20c. TIME OF INJU	IRY Month, Doy, Yes				OF INJURY (Home, street, office bldg.		ly or town)	(Co	unty)		(State)
ME	Hour g. m. p. m.	19		t work of work	racrony	, street, office brog.,						
	21. I certify t	hat I took charge	of th	e remoins described	obove	, held an Auto	opsy [],	Inspection K], Inqui	ry PC	, an	d in my
	opinion death	resulted from: 1	Vaturo	ol couses . Accide	ent 🖂	. Suicide	Homicide	. Undet	termined	manne	- FT	
	SHOW HER	1 -	7/1		_				· · · · · · · · · · · · · · · · · · ·	THO THE	" []	
	ACTUAL	Questano,	KI	Carrheran	1.	CHIEF MEDICA	AL EXAMINER	7			DATE S	SIGNED
	SIGNATURE	or o	/		-	W.D.						
	EXAMINER'S NAME (Type)	Gustave H.	Fa	ubert.M.D.			CAL EXAMINER		6/6/59			
220	BURIAL, CREMATIC	ON, 226. DATE THEREC		22c. NAME OF CEMETER	Y OR CE	REMATORY	22d. LOC/	ATION (City, town	, or county)		(Stote	o)
	REMOVAL (Specify	6/9/59		Loudon P	ark	Cem.	Bal	Lto. Cem.				
23.	FUNERAL DIRECTO			ADDRESS	- All		REC'D BY REGIS		SISTRAR'S SIG	GNATUI	RE	
3	11/11/1	- Viaka	111	- 740cm -1	DA	011			nthun S			
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48/4/4 148/4/4	the actions would be come to be for	No to the fi	reinan
(4) (A)		Note that	reinan

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TO DEPUTY MED.

EXAMINER: This certificate should be executed within 24 hours after death. If any delay is near execute the certificate, writing the word "pending" in pendit in them, 18. Give Pages 1, 2, and 3 to the funeral disease a thould be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for ly TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board at its designated agent, prior to burial, crematian, or remayal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

06333 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6361 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OP DEATH o. COUNTY			ere deceased lived. If institution: Resid	ence before admission)
	MARYLAND	o. STATE Michig	an b. COUNTY	
b. CITY OR TOWN (If outside corporale limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16		ulside corporale limits, write RURAL on	d give neorest town)
Dorsey	Few Instants.	Detroit	59	x - 3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos		d. STREET ADDRESS	EEE Tormones Ct	e. IS RESIDENCE
Baltimore-Washington Expr	essway	000/ 03	555 Lawrence St.	YES NO
3. NAME OF Eirst	Middle	Lost 4	DATE Month	Doy Year
(Type or print)	- W.	HURST	DEATH 6/6/59	19
SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8.	DATE OF BIRTH	9 AGE Ha wave LIEUNIDED	TYEAR IE UNDER 24 HRS.
M Colored WIDOWE	D DIVORCED	5-21-1921	fort bichday) Months 38 yrs.	Days Hours Min.
On USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	CIND OF BUSINESS OF INDUSTR	Y 11. BIRTHPLACE (State of		ZEN OF WHAT COUNTRY
Maintenance Worker Vi	ckers Corp. Inc	Forest Cit	tv. Ark. U	S.A.
3. EATHER'S NAME		14. MOTHER'S MAIDEN NA		
William L. Hurst		America E.	Floyd	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
(if yes, give war or odies or service)	Cre	dential Card	found on his bloth	00
18. CAUSE OF DEATH [Enter only one cause per line		ANTIGE OFFICE	TOURS MA HIS STOUR	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	Fractureof Sku	11		Sudden
8/6 X DUE TO	LLAGGORAGE SKO	1.4		Sudden
Conditions, if any, which)				
gave rise to immediate cause				`
(a), stating the underlying DUE TO				
	ANTENNA TO DESTRUCTO			
PART II. OTHER SIGNIFICANT CONDITIONS CO	DNIKIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMIN	ALDISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?
5				YES NO
M LEKIMAKTANI OF CONTRUSTING LI	E HOW INJURY OCCURRED. (En	ter nature of injury in Port 1	ar Part II of item 18.)	
	mobile accident	his car holl	ided with another	car.
20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form. y, street, office bldg., etc.)	20f. (City or town) (Con	unity) (State)
4.30 Ap. m. 6/6/59 19 of we			pressway Dorsey A	.A Md.
21. I certify that I taak charge of the	remains described abay	e, held an Autapsy	, Inspection X, Inquir	y I), and in my
opinion death resulted fram: Natural				
1				
SIGNATURE GURLOVE Kefacy	Re 1/18	CHIEF MEDICAL EXAM	MINER 🗇	DATE SIGNED
SIGNATURE CONTRACTOR PORTION	40	M.D. ASSISTANT MEDICAL		
EXAMINER'S NAME (Type) Gustave H. Faube	et.M.D	DEPUTY MEDICAL EX		
20. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		2d. LOCATION (City, town, or county)	(Slole)
REMOVAL (Specify) Burial 6-12-59	Detroit Memor		Detroit, Michigan	(31016)
23. EUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REGISTRAR'S SIC	CALATURE
Thompson Funeral Home- 764	3 Dexter Blvd.	Detroit. JU	N 1 0 '59 Orthur &	
		nigan	2	. recalle

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MASS 100 THEOLOGIC MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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22c, NAME OF CEMETERY OR CREMATORY

ADDRESS

22b.

22g. BURIAL, CREMATION,

REMOVAL (Specify)

23, FUNERAL DIRECTOR'S SIGNATURE

DATE THEREOF

10 VS A1S (4) 1SM 9/SB

LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

06335

e. IS RESIDENCE

ON A FARM?

YES NO

Year

19

12-CITIZEN OF-WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO T

(County)

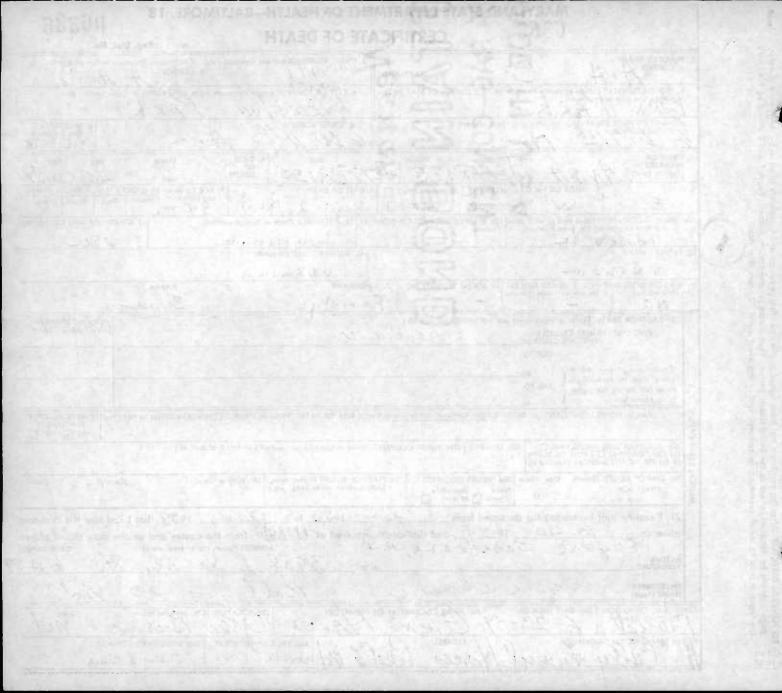
(State)

DATE SIGNED

(State)

240. REC'D BY REGISTRAR JUN 1 5 '59 arthur S. Kraus

EREM REENCHWISED IN SINST A STATE OF THE CONTRACT OF THE STATE OF THE certificate be executed within 24



Jeath. Page 4

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours *af*

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6364

CERTIFICATE OF DEATH

06337

Arundel		MAR	YLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased	lived. If institution b. COUNTY	~	before admission)
outside corporate limit	s, write c.	LENGTH OF STAY	(IN 16	c. CITY OR TOWN (If o	utside corpore	ate limits, write R		
Balto.	25	life		50 Baltimor	e / 2	5		
AL (If nat in hospital, gi	ive street add	iress)		/ d. STREET ADDRESS	0			e. IS RESIDENCE
104 130	~. A2	e.		104 13th Av	e. Br	ooklyn	Park	ON A FARM? YES NO
				Jenkins	4. DATE OF DEATH	Mon June	th	Day Year 4 19 59
6. COLOR OR RACE	7. MARRIED	NEVER MARR	IED 🔲	8. DATE OF SIRTH	5	AGE (In years		EAR IF UNDER 24 HRS.
white	WIDOWED	DIVORCE	ED 🗆	Oct. 9. 188	6	72 yrs.	Months Da	ys Hours Min.
N (Give kind of work d	Jone 105, KIN	ND OF BUSINESS (OR INDU		ar fareign cou		12. CITIZE	N OF WHAT COUNTRY
ing life, even if relifed)	Ноз	usewife		Balto. M	d.		U.	S.A.
				14. MOTHER'S MAIDEN N	IAME			
ppel				Barbara	Sweet			
		CIAL SECURITY NO	D. 17. II				'ess	
none	rvice}	none	Mr	s. Florence	Bayl	ine 319	E.Ham	burgSt.
DUE TO ny, which the under- (c)	8,	NITRIBUTING TO DE	en but	NOT BELATED TO THE TERMIN	ALAL DISEASE	CONDITION CITY	rose) Years
A A OMATE	1 20	C. Octy	1 - /	I RALL TO BE	NAL DISEASE	CONDITION GIV	EN IN PART I	PERFORMED?
S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRII	BE HOW INJURY O	CCURRE	D. (Enter nature of injury in P	art I or Part	II of item 1B.)		YES NO D
Month, Day, Yea	While _	Not while at work	20e. PL fac	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.	20f. (City o	or tawn)	(Cau	nty) (State)
	While at work	Not while at work	- 3 c	tory, street, office bldg., etc. 7 , 19.5-9, to accurred at 1/30	6 - 4 M, fram	, 19.55	that I las	t saw the deceased
19	While of work Control of the deceased work Control of the deceased when the deceased	fram fram and that	factor for the factor	accurred at 1/2 PM.D. 4506 FLEE	M, fram ADDRESS (Stra	the causes a set, city or tawn, al Roll	,that I las nd an the state)	t saw the deceased
at I attended the G - 4 Paul a. N, 22b. DATE THEREON	While at work deceased , 195 9	fram fram and that	factor for the factor	accurred at 1/2 R CREMATORY Cemetery	M, fram	the causes a set, city or tawn, al Roll	,that I las nd an the state)	t saw the deceased date stated above DATE SIGNED A-9 MG 6-6-3
Print I was a	Fourside corporate limit corest town) AL (If nat in hospital, given) Firm Susan 6. COLOR OR RACE White NN (Give kind of work ding life, even if relired) PPE 1 R IN U. S. ARMED FORCE (If yes, give wor or dotes of se none TH (Enter only one can the work of the under- TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO TO COLOR OR RACE White DUE TO ONLY Which the under- GER SIGNIFICANT CONCE S. UNDERLYING COLOR LER SIGNIFICANT CONCE LER SIGNIFICAN	Forest (gwn) AL (If not in hospital, give street add First SUSAN 6. COLOR OR RACE WIDOWED WIDOWED NO (Give kind of work done and the color of th	foutside corporate limits, write rorest (own). AL (If not in hospital, give street address). AL (If not in hospital, give street address). First Middle Susan. 6. COLOR OR RACE 7. MARRIED NEVER MARR White WIDOWED NOW DIVORCE DI DIVORCE DI DIVORCE DI DIVORCE DI DIVORCE DI DIVORCE DI DIVORCE DIVORCE DI DIVORCE DI DIVORCE DI DIVORCE DI DIVORCE DI DIVORCE D	First Middle Susan G. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOVORCED N	fouriside corporate limits, write correct town Co	fourside corporate limits, write routed town) Balto. 25 life SD Baltimore (2) AL (If not in hospitol, give street oddress) AL (If not in hospitol, give street oddress) AL (If not in hospitol, give street oddress) First Middle Lost 4. DATE SUSAN G. Jenkins Death 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Oct. 9, 1886 DIVORCED OCT. 9, 18	foutside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write Reported town) AL (If not in hospital, give street address) AL (If not in hospital, give street	fouride corporate limits, write c. LENGTH OF STAY IN 16 porest town) 11fe

may be retained he haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after a gith. TO HOSPITAL OR VS A15 (4) 15M 9/55

TE OF DEATH	CERTIFICA
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manufactures at the activities at the second	ARADOE FOUNDAL LOSS ASSAULTS AND ASSAULTS AN

NDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours aft TO HOSPITAL OR VS A1S (4) 15M 9/S8

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
365	CERTIFICATE	OF DEATH	Par

06338 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Anne Aruno	del	MARY		o. STATE Maryland	here deceased lived	b. CQUNTY	on: Residence b	-	
b. CITY OR TOWN (If o RURAL ond give neare Crownsvil]	utside corporote limits, est tawn) Le	lmo.7day	r	c. CITY OR TOWN (IF Baltimor			URAL ond give		
d. NAME OF HOSPITAL OR INSTITUTION Crownsvil.				d. STREET ADDRESS 1511 McC	ullough	Stre	et	ON	A FARM?
3. NAME OF DECEASED (Type or print)	First A11	en Jam	es	Jennings	4. DATE OF DEATH	Mani 6		Doy 22	Year 19 59
		MARRIED NEVER MARRIE	_	8/4/06	9. A	GE (In years st birthday) 52 yrs.	Manths Day		-
during most of working Presser 13. FATHER'S NAME	(Give kind of work dor) life, even if retired)	e 10b. KIND OF BUSINESS OF	R INDUST	North C 14. MOTHER'S MAIDEN Dora Bi	arolina		12. CITIZEN	S.A	
15. WAS DECEASED EVER II		5? 16. SOCIAL SECURITY NO. 217 -14-563	1	ormant ospital R		Addr	ress		
Conditions, if ony, gove rise to imm cause (o), stating the lying couse lost. PART II. OTHER	nediote DUE TO	Cancer of				NDITION GIV	EN IN PART 1(c	PERF	S AUTOPSY FORMED?
20a. ACCIDENT WAS I OR CONTRIBUTING [] (IF EITHER, NOTIFY ME 20c. TIME OF INJURY Hour a.m. —— p. m.	Month, Doy, Year	b. DESCRIBE HOW INJURY OF	20e. PLAC	(Enter nature of injury in E OF INJURY (Home, forry, street, office bldg., et	m, 20f. (City or to		(Cour		(Stote
	122 Jemeli	eceased fram	death o	, 1958 , to 6 accurred at4:25 b. Crownsvi	Appress (Street, 11e Sta	causes and city or town, te Ho	d an the distote) spita	ate state	ate signer
PATSICIAN'S NAME (Type) 22a. BURIAL, CREMATION REMOVAL (Specify) 22. FUNERAL DIRECTOR'S S	22b. DATE THEREOF	Ct, M. D.		leuru	22d. LOCATION	(City, town) Ve	/22/ ote)
Sharle	es a flu	111.	San	- CN	UN 25 '59		LATSUM 8. 1		

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William dis			
	de official of		

5M 9/55

Item 18 Film 214 7-15-59 ams 06339 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Middle DATE Last Magth Doy Year OF DEATH 195 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED DE B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Min. Days Hours WIDOWED | DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 17. INFORMANT 16. SOCIAL SECURITY NO. STYERND INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), 1b), and (c).] ONSET AND DEATH No underlying condition PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, i 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Nat white at work at work 21. I certify that I took charge of the remains described abave, held an Autapsy 🔀 Inspection X Inquiry . and find that death resulted fram: Natural causes X, Accident , Suicide , Hamicide . Undetermined cause DATE SIGNED ASSISTANT MEDICAL EXAMINER IX DEPUTY MEDICAL EXAMINER 22d. LOCATION (City, tawn, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE PALITOME 1/210 DATE!!!N-3 0 '59 Orithun & Kines

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		And address of	
	A Maria S. P.		
		Dur Light	THE NAME OF STREET
	Dillione - Ada		

VS A15 (4)

15M 10/57

MAR	YLAND	STATE	DEPARTMEN	T OF	HEALTH-BALTIMORE	, 18
	6309) (ERTIFICATE	OF	DEATH	

06340

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where depended lived) If institution: Residence before admission) o. COUNTY o. STATE COUNTY MARYLAND b. CITY OPTOWN (If outside corporate fimits, write c. LENGTH OF STAY IN 16 c. SITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAV and give nearest town d. NAME OF HOSPITAL (If no in hospital, give street-address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 3. NAME OF First 4. DATE Last Month Day Yeor DECEASED OF (Type or print) DEATH 195 6 6. POLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS bm doy) Months. Doys Hours Min. WIDOWED A DIVORCED yrs. 10o. USUAL OCCUPATION (Give kind of work done done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? auselu 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO Canditions, if ony, which gove rise to immediate DUE TO cause (o), stoting the under lying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town (County) (Stote) bldg., etc.) Hour o. m. While Not while of work of work p. m 21. I certify that, I attended the deceased from ... __,that I last sow the deceased from the causes and an the date stated above. alive on and that Beath accurred at ADDRESS (Street, city DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 229. BURIAL, CREMATION, 220: NAME OF CEMETERY OR CREMATOR 22d: LOCATION (City, town, of county) REMOVAL (Specify) EUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE WUN

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VS A15 (4) 15M 9/58

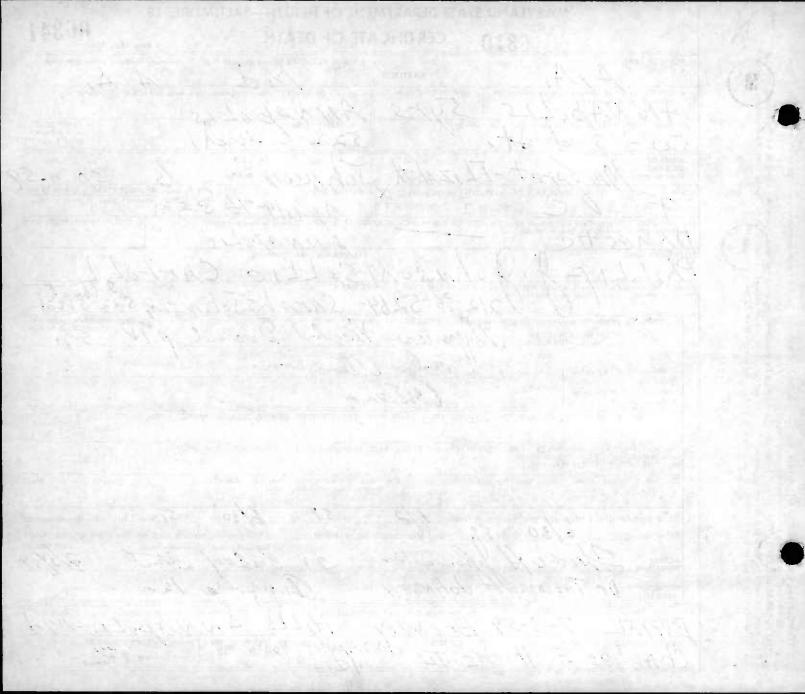
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06341

0310	OZKIII IOA	IE OI DEAIII	Reg. Dist. No).
a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE	b. COUNTY	ore admission)
RURAL and give negret town) d. NAME OF HOSPITAL of not in hospital, give street additional and the street additional additional additional additional additional additional additional additional addit	LENGTH OF STAY IN 16	d. STREET ADDRESS	rate limits, write RURAL and give no	e IS RESIDENCE
522 - 3 rd St,		522 - 3n	el,	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MAY SAFET - EL	1ZADOTA	Lost 4. DATE OF DEATH	Month D	oy Year
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED		DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEA last birthday) Manths Days	R IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIN during most of working life, even if retired)	D OF BUSINESS OR INDUST	RY 11. BIRTHIPLACE (State or foreign co		F WHAT COUNTRY?
3 FATHER'S NAME	LN.CONI	14 MOTHER'S MAIDEN NAME	CALLOL	1
15. WAS DECEASEDEVER IN U. S. AKMED FORCES? 16. SOC (Yes, no, or unknown) (If yes, give wor or dates of service)	-36-52 64	ORMANY SALALIO	Address SAL	sett.
1B. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(a). (b). and (c).	Viscola Dise		SEL AND DEATH
Conditions if any which	Deneulze (Plesuschn		
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b) DUE TO (c)	arthr	100		
PART II. OTHER SIGNIFICANT CONDITIONS CON	tributing to death but n	OT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING (20b. DESCRIB) OR CONTRIBUTING (15 EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part	Il of item 1B.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJUI Hour a. m. While ot wark to the p. m,		CE OF INJURY (Hame, form, 20f. (City ry, street, affice bldg., etc.)	ar tawn) (Caunty) (State)
21. I certify that I oftended the deceased olive on 6/30 195%		, 195 / to 6/80		
ACTUAL SIGNATURE SIGNATURE	Enou Wha	D. 3) Make		DATE SIGNED
PHYSICIAN'S Dr. THEUDORALL.	Johnson	annjul	se, he	
226. BURIAL, CREMATION, 226. DATE THEREOF 22	BLEWETERY OR	CREMATORY LL 22d. LOCAT	TON (City, lown, or county) NN/460LL	(State) -/V/d
S. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ANI	DATE DATE	PAR 246. REDISTRAR'S SIGNATURE STEELS SI	JRE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06342

. 6366	CERTIFIC	ATE OF DEATH		Reg. Dist. No.
o. COUNTY A.A.	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution b. COUNTY	Residence before admission)
b. CITY OR TOWN (If autside carporate limits, w RURAL and give nearest town)	rite c. LENGTH OF STAY IN 16	1 1 0 - 1	utside corporote limits, write RI	JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give of INSTITUTION D 3 , BO)	treet oddress)	RFD 3	Box 378	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MATTHEW	REDMAN L	-IVERMAN	4. DATE Mont	12 1959
MA/e White wi	MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH	78 SO yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if telired)	PORTSMONTH P.	D. North	CAROLINA	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME MATTHEW J. L	WERMAN	14. MOTHER'S MAIDEN N	1 VAUG	hai
15. WAS DECEASED EVER IN U. S. ARMED FORCES' [Yes, no, or unknown) (If yes, give wor or dates of service	16. SOCIAL SECURITY NO. 117.	THORMANT MRS 1	MARY STRICE	THAMP, SAME
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) S DUE TO	EREBRAL	HEMMORHA ARTERIUSCH		INTERVAL BETWEEN ONSET AND DEATH 7 PAYS 6 MUNTHS
gove rise to immediate coese (o), stoting the under-lying cause last.	ENERALIZED		LEROSIS	GYEARS
PART II. OTHER SIGNIFICANT CONDITION SENSITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	iTy			EN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
	. DESCRIBE HOW INJURY OCCURI	RED. (Enter noture of injury in f	Part I ar Part II of item 18.)	
Haur a.m.	20e. While Not while at work	PLACE OF INJURY (Home, form, factory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I attended the dealive an,		th occurred of	M, from the couses a	., that I last saw the decease nd an the date stated above state) 6-12-3-7 DATE SIGNED
PHYSICIAN'S PRTHUR LA	UKFORD JR	Rasac	lena md.	
220. BURIAL, CREMATION, 226 DATE THEREOF REMOVAL (Specify) 6-17-59	22c. NAME OF CEMETERY	OR CREMATORY PAY Ch	22d. LOCATION (City, town, o	r county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g. REC'S	I 1 C ICA	TRAR'S SIGNATURE

may be retained. The hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. page 3 shauld be detached for use os the buriol-transit permit. Then please remove cortain pop the registror prior to buriol, cremation, or remaval, and in any event within 72 hours, rier death VS A15 (4) 15M 9/55

JENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

TO HOSPITAL OR

death. Page 4

MARYEARD STATE DEPARTMENT OF HEALTH-BALTIMORE, 13	
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be executed within 24

ENDING PHYSICIAM: The law requires that the death certificate

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Item 9 FilmG244 6-30-59 et CERTIFICATE OF DEATH 6367

Reg. Dist. No 1. PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Anne Arundel MARYLAND

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2)	
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OR INSTITUTION

no

b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) Life Pasadena d. NAME OF HOSPITAL (If not in hospital, give street address)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

none

Anne Arundel c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

Smallwood Rd.

Pasadena d. STREET ADDRESS

Fort

e. IS RESIDENCE ON A FARM? YES NO

06343

3. NAME OF DECEASED (Type or print)	Adolph	it	Middle D	Long	4. DATE OF DEATH	Jun		5		Year 19 59
5. SEX male	6. COLOR OR RACE	7. MARRIED WIDOWED		B. DATE OF BIRTH Dec . 24, 1881		9. AGE (In years lost buryhday) 71/19 yrs.	Months		IF UND Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATION during most of work	ON (Give kind of work d king life, even if retired)	Balt		STRY 11. BIRTHPLACE (Stote) Rarylar		ountry)	12. C		·A.	COUNTRY

			0	
13. FATHER'S NAME		14.	. MOTHER'S MA	IDEN NAME
Nelson	Long		Hild	a Cha

none

Fort Smallwood Rd.

da Chaney 17. INFORMANT Address Paul Long Son 8230 Fort Smallwood Rd.

18.	18. CAUSE OF DEATH [Enter of PART I. DEATH WAS CAI IMMEDIATE	used by: CAUSE (o) arteriorselectic Cardio Vareele Alexander	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying</u> cause last.	DUE TO (b) DUE TO (c)	
8	PART II. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(p) 19. WAS AUTOPSY

PERFORMED? YES NO

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.)

MEDICA	20c. TIME OF INJURY Hour a. ft. p. m.	Month, Day,		20d. INJURY OCC While Not w at work ot wo	hile	Poe. PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.)	20f. (City or town	(County)	(Stote)
	21. I certify that	Lattended	the de	eceased from	an	il 1944 to A	un 25	10.50 that I last saw the	docoore

and that death accurred at 9:3097-M, from the causes and on the date stated above. alive or ADDRESS (Street, city or town, state)

ACTUAL SIGNATURE_	6	Brady	Ameli	0
	//	1		_
PHYSICIAN'S	1/1	2	1	

220. BURIAL, CREMATION, -REMOVAL (Specify)	226. DATE THEREOF	22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or county)	(Stote)
Buriai	6/29/59	Cumberland Md.	Cumberland	Md.
23 FUNERAL DIRECTOR'S	CALATURE OF C No ale	/ ADDRESS		

rause Funeral

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE anthur & thous Home 1216 S. Charles St. DATE JUN 26'59

may be retained he haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been si page 3 shauld be detached for use as the burial-transit VS A15 (4) 15M 9/55

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AND THE COMMENSATIONS OF		
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TO HOSPITAL OR

VS A1S (4) 1SM 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6368 **CERTIFICATE OF DEATH**

116344

Reg. Dist. No.

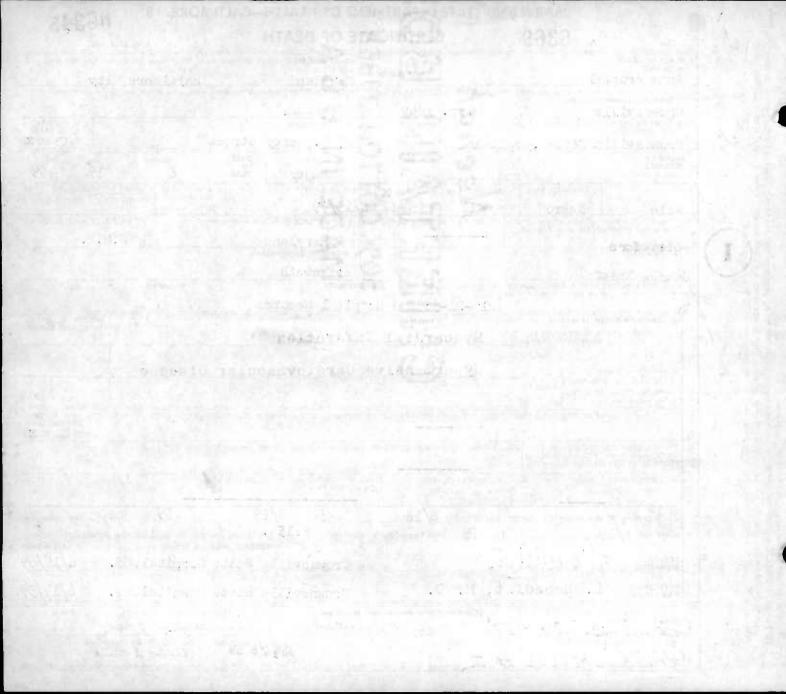
1.	LACE OF DEATH L. COUNTY	Arundel		MARYLA	II O STATE	Maryl	6 1-15	d lived. If instituti b. COUNTY	Anne		
		f autside carporate limit	ts, write	c. LENGTH OF STAY IN	1b c. CITY O	R TOWN (IF	autside carpo	prote limits, write R	URAL ond gi	ve neorest t	own)
5	toney Bea			2 weeks	X	Stone	Beac	h			
	or institution	AL (If not in hospital, g	ive street	oddress)	d. STREET	ADDRESS				01	RESIDENCE N A FARM?
_	NAME OF						14 6 170				
- 1	Type or print)	CLARENCE		AEL LYCETT		Lost	4. DATE OF DEATH	June 7		Day	Year 19 59
5. 5	EX	6. COLOR OR RACE	7. MARE	RIED X NEVER MARRIED	8. DATE OF BI	RTH		9. AGE (In years			NDER 24 HRS.
	MALE	WHITE	WIDOW	ED DIVORCED	DECEME	ER I.	1890	lost birthday) 68 yrs.	Months I	Days Hou	ors Min.
10a	USUAL OCCUPATIO	1 1111 - 1111	done 10b.	KIND OF BUSINESS OR	INDUSTRY 11. BIRTH	IPLACE (Stote			12. CITIZ	EN OF WH	AT COUNTRY?
	PATHER'S NAME					Ltimore		yland	1	J. S.	A
•	homes Mic	hael Lycett			Anr	Rebe	10 800	Ne 11			
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFORMANT	1 1000	304 0	Add	ress		
{Ye:	, no, or unknown)	(It yes, give war or dates of se	2000	16-01-9974	Mrs. Grad	e Ivo	ett. 7	917 Green	Drive	. Sto	nev Bea
	IB. CAUSE OF DEA	TH [Enter only one co		ne for (o), (b), and (c).]	aros uras	1	7002	721 0200.		INTERVAL	BETWEEN
Н	PART I. DEA	TH WAS CAUSED BY:	. 0	rterusell	offic H	point	Dino	106		ONSET A	ND DEATH
	420.0	DUE TO		ueusee	nuc A	ewon	CUSU	ave			
н	Condition 15		1	Par man	. Do	DD.					
	Canditions, if at	mmediate	4-	Dura	400	Cell	alor	1			
	cause (a), stating	the under-	1	nuson 1:	07	0.00					
z	lying cause lost.) (c))	og i curac	ue jan	<u>uun</u>	2				
CATIO	PARI II. OTP	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED	IO THE TERM	MINAL DISEAS	SE CONDITION GIV	EN IN PARI	PE	REPORMEDS
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (Enter noture	e of injury in	Port I or Por	t II of item 18.)			
	20c. TIME OF INJUR		ar 20d 1	NJURY OCCURRED 20	e. PLACE OF INJUR	Y (Home for	206 1016	v as towns	16-		104-4-1
MEDICAL	Hour o.m. p.m.	19	While of wor	Not while	foctory, street, aft	fice bldg., et	c.)		, (Ce	ounty)	(State)
	21. I certify th	at I attended the	deceas	ed fram. 7	1 195	8, ta	6/	7/54 195	that I le	ist saw th	ne deceased
	alive on	17	19.5		eath accurred a		AM/from	n the causes o			
		C			com accorred (4 C. 3 C. B. 16 3 C.		treet, city or town,		e date si	DATE SIGNED
	ACTUAL SIGNATURE	meant /	n. 7	n conina	M.D. 140	535	Chin	les St	,	61	18/59
×		Innert H N		- U D		7	04				019.1.
	PHYSICIAN'S NAME (Type)	incent M. M	16881	na, m. D.	1403 S. C	narte	S Dt.				
		N. 226. DATE THEREO	F	22c NAME OF CEMETE	RY OR CREMATORY		22d. LOCA	TION (City, town, o			
220	BURIAL, CREMATIO	14, LED. DATE HIEREO		The contract of Contract					or county)	15	tate)
220	REMOVAL (Specify) Burial	June 10.	1959		s Cemetery	7	Ritch				
	REMOVAL (Specify)	June 10.			s Cemetery			te Highwa		A. Co	

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	interest	A SAMPLE STATE OF THE PROPERTY OF THE PARTY
	Anna Sanara	19X 627 S
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	_ busines, erestifue	104.1900 964.190
	The The American Canal	
		2000 Tanger sould
		and Avev-10-01s
		A CALL WITH A CALL OF THE PARTY

VS A15 (4) 15M 9/SB MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6369 CERTIFICATE OF DEATH

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		, 0303		CEKI	IFICA	TIE OF L	JEAII	П		Reg. Di	st. No.		
1.	PLACE OF DEATH o. COUNTY Anne Arund	el		MAI	RYLAND	2. USUAL RESI o. STATE Marvla		here deceased	l lived. If instituti b. COUNTY Baltir			e admis	sion)
	b. CITY OR TOWN (If RURAL ond give ne		its, write	c. LENGTH OF STA	Y IN 1b			outside corpo	rote limits, write R			rest tow	n)
	Crownsvill			lyr. lda	v	Balti	nore				31	01.	4
	d. NAME OF HOSPITA		give street			d. STREET A						. IS RE	STDENCE A FARM?
	Crowns vill	e State Ho	spita	1		27 N.	Care	y Stre	et				NO 🔼
3.			rst	Midd	le	Las	it	4. DATE	Mon	ıth	Day		Yeor
	(Type or print)	F	red			Ma	jor	OF DEATH	6		19		1959
S.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARI	RIED 🔀 8	B. DATE OF BIRT	Н		9. AGE (In years last birthday)			_	ER 24 HR
	Male	Negro	WIDOW		1100	4/15/79			80 yrs.	Months	Days	Hours	Min.
10	o. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPI	ACE (Stote	or foreign co	ountry)	12. CIT	IZEN OF	WHAT	COUNTRY
1	Canada and a second	ing me, even ir remed	"			Max	rylan	d		U	.S.A		
13	PATHER'S NAME	9 5 7				14. MOTHER'S							-7
1	George Maio	M.				Eliza	beth						
	. WAS DECEASED EVER			SOCIAL SECURITY N	0. 11	FORMANT			Add	ress	777		
١.	No.	yes, give war ar dates or		19-01-5638	Ho	spital	Recor	ds					
		TH [Enter only one co									INTE	RVAL BI	ETWEEN
	PART I, DEAT	H WAS CAUSED BY:	-1	Myocard:	ial l	Infarct	tion				ONS	EI AND	DEATH
	420.	DUE TO											
	Conditions, if an	y, which)	.1	Hyperter	sive	Cardi	ovas	scular	r Disea	Se			
	gove rise to in	mediote					20101	Joura.	22000	50			
	couse (a), stating t lying couse last.	he under-	-)								100		
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERM	INAL DISEASI	CONDITION GIV	EN IN PAR	RT 1(a) 19	PERFC	AUTOPSY DRMED?
CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED). (Enter noture o	of injury in	Port I ar Part	II of item 18.)				
S	20c. TIME OF INJURY	Month, Doy, Ye	ear 20d. I	NJURY OCCURRED		CE OF INJURY			or town)	(County)		(Stote
MEDICAL	Haur a.m.	19	While of wor		raci	tary, street, affic	e blag., er						
		at I attended the	deceas	sed fram 6/18	3	10 58	. ta 6/	19	19 59	that I I	net con	the c	decease
	alive an 6/19		10					M from					
	dive di _D/ 1.		7	, and inc	ii dediii	occorred di			reet, city or town,		e dale		TE SIGNE
	ACTUAL	1 Journa	1/20			. Crown	evrill		e Hospit		3.	6/	19/59
	SIGNATURE	Poleocoo	_		^	N.D. OLONI	OVE THE	0 000	, o noppi			=	.=://_:
	PHYSICIAN'S NAME (Type)	L. Bened		M. D.		Crown	svill	Le Stat	e Hospit	al,Mo	1.	6/	19/59
22	G. BURIAL, CREMATION REMOVAL (Specify)	0 (- 24 -	-5-51	220 NAME OF CE	Ward	- Short		22d. LOCAT	Con (City, town,	or county)	d	(Sto	te)
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	-		240 REC	D BY RECIST		STRAR'S SI		E	
	Shilling	11/2825	H	Z			DATE	Z D 39	Cuth	w7 2. 4	trace		



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10a. USUAL OCCUPATION (G

5. SEX

13. FATHER'S NAME

	MARYLAND 631	STATE DEPARTM 2 CERTIFICA	ENT OF HEALTH		TIMORE, 1	8 Reg. Dis		634	17
o. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla		l lived. If institution b. COUNTY	Anne		odmissi run (
b. CITY OR TOWN (RURAL and give n Annapo		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or		rote limits, write RI	JRAL ond g	ive near	est tawn)
d. NAME OF HOSPI OR INSTITUTION Homewoo	TAL (If not in hospital, give street downward)		16 Bestgat	te Rd	•		e		DENCE FARM? NO [3
NAME OF DECEASED (Type or print)	Virginia	Middle 0 •	McKay	4. DATE OF DEATH	June		Day		Year 19 59
SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	3. DATE OF BIRTH 9. AGE (In		IF UNDER	_	7	
Female	White	ED DIVORCED	Nov. 19, 188	34	last birthday) yrs.	Months	Days	Hours	Min.
a. USUAL OCCUPATION during most of wor Superint	ON (Give kind of wark dane 10b. king life, even if retired) endent	KIND OF BUSINESS OR INDU Hospital			ountry) Virgini			· A	OUNTRY?
. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME			-		
Frank H	. McKav		Catherine	But	cher				

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO **INFORMANT** Address None Daniel McKay Cumberland. Md. no 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and f(c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., o. m. While Not while

that I attended the deceased from 1927, that I last saw the deceased alive on M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL

SIGNATURE PHYSICIAN'S NAME (Type

22b. DATE THEREOF 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY BREMOYAL (Specify) /3/59 Cemetery Cumberland, Maryland Rose

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles L. George Cumberland, Md.

at work at wark

24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Circhan S. Kraus

YES | NO

(Stote)

(Stote)

VS A15 (4) 15M 9/5B

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06348

Reg. Dist. No

						Kadi bisi ia	0.
1. PLACE OF DEATH o. COUNTY Anne	Arundel	MARYLAND	2. USUAL RESIDENCE (WI		b. COUNTY	A Residence be	fore admission)
b. CITY OR TOWN (If at RURAL ond give neare Annapol	st town)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporat			earest fown)
d. NAME OF HOSPITAL			Box 316				ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	George		ferkle, Sr.	4. DATE OF DEATH	Mon	une 9,	Yeor 19 59
Male	White: w	MARRIED NEVER MARRIED DIVORCED DIVORCED	May 28,19	00	AGE (In years last be had by) yrs.	Manths Days	R IF UNDER 24 HR5. Haurs Min.
during most of working Electric	life, even if refired)	10b. KIND OF BUSINESS OR IND Electrical		or foreign cour	ntry)		OF WHAT COUNTRY?
3. FATHER'S NAME			14. MOTHER'S MAIDEN				
George		Merkle	Lel	a Ma		rry	
	as, give war or dates of service		Mrs Mary Me.	מודות	Add		
	ione	per line for (a), (b), and (c).]	LITE META ME	LATE	Dame a	8 2	TERVAL BETWEEN
20g. ACCIDENT WAS U	ediate under- DUE TO (c)	IONS CONTRIBUTING TO DEATH BU				EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTIFY ME) 20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year	20d. INJURY OCCURRED 20e. F	PLACE OF INJURY (Hame, farm factory, street, office bldg., etc	n, 20f. (City or	fown)	(Caunty	y) (State)
21. I certify that alive an ACTUAL SIGNATURE		eceased fram March	1, 1949, to 19 th accurred at 15.	AM, fram 1		nd an the d	saw the deceased ate stated above. DATE SIGNED
PHYSICIAN'S RAME (Type)	M.Mc.	Laughlin					
Range Burial, CREMATION, REMOVAL (Specify) Burial 3. FUNERAL DIRECTOR'S SI	6/12/59	Olen Have	en Memorial		N (City, tawn, of Burni		(State)
Hopping an	d Kirkle	v. Gleh Burnie	Md. DATE	10/59	Chri	hurz	1. Krau

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CERTIFICATE OF DEATH

					Keg. Dist. 14	10.
1. PLACE OF DEATH o. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland		nstitution: Residence be DUNTY A.A.	efore admission)
RURAL ond give	(If outside corporate limits, nearest town) reenhaven	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, v	write RURAL and give r	nearest fown)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospitol, give Cyrial & Or	street oddress) chard Avenues	d. street Address Cyrial &	Orchard Av	enues	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Clau	Middle L.	Miles, Sr	4. DATE OF DEATH	Month JUNE 2	Day Year 19 59.
5. SEX Male		MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH March 7.189	9. AGE (In lost birth		AR IF UNDER 24 HRS. Hours Min.
10o. USUAL OCCUPA during most of w		B. & O. R.R.	JSTRY 11. BIRTHPLACE (Stote	or fareign country) y Co., Md	12. CITIZEN	OF WHAT COUNTRY
	James Miles					
15. WAS DECEASED E	VER IN U. S. ARMED FORCES	57 16. SOCIAL SECURITY NO. 17.	INFORMANT	Flynn	Address	
(Yes, no, or unknown)	(If yes, give war or dates of service			kheit,6100	Cordiff A	Ave. ZONE 2
Conditions, if gove rise to couse (o), stotin lying couse los	g the <u>under-</u> DUE TO (c)	IONS CONTRIBUTING TO DEATH BU	T NOT BELATED TO THE TERMI	NAI DISEASE CONDITIO	ON GIVEN IN PART I(G	110 WAS AUTOPSY
CATIO		-	re	THE DISEASE CONSTITUTION	AT OTTER HAT AKE I(O)	PERFORMED?
OR CONTRIBUTION	VAS UNDERLYING 201 IG CAUSE OF DEATH FY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in F	Port I ar Part II of item 1	(B.)	
WE OF INJ Hour o. m	10	20d. INJURY OCCURRED While Not while of wark at work	LACE OF INJURY (Home, form, portory, street, affice bldg., etc.	20f. (City or tawn)	(Caunt	y) (State)
21. I certify alive on	that I attended the december 25. P.M. McZi R.M. M.	necessed fram ferme 1 1954, and that death	h accurred at 81457	AM, fram the cau ADDRESS (Street, city or	ses and an the d	
220. BURIAL, CREMAT BURIAL (Speci		22c. NAME OF CEMETERY C		22d. LOCATION (City.)	town, or county) hie Highwa	(Stote)
23. FUNERAL DIRECTO		ADDRESS			REGISTRAR'S SIGNAT	
William Co	ook, Inc., 12	217 St. Paul Stre	et DATEJUN	2 9 '59	arthur & the	

TO HOSPITAL OR TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of death. Page 4 may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs offer death.

VS A15 (4) 15M 9/55

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FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06350

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6371 Pag Dist No

					Reg. Dist. 140.
1. PLACE OF DEATH a. COUNTY	anne ar	undel MARYLAND	O STATE	where deceased lived. If institution yland b. COUNTY	on: Residence before admission) Montgomery
b. CITY OR TOWN (If outsi	de corporate limits, write RURAL	c. LENGTH OF STAY IN 16		If outside corporate limits, write Riest Glen /4	URAL and give nearest town)
	OR INSTITUTION (If not in	hospitol, give street address)	d. STREET ADDRESS	COC OZCII	Ave. e. IS RESIDENCE
No Stree	t Address		Elm House,	Hale Pl.& Ho	Iman YES NO K
3. NAME OF DECEASED (Type or print)	Gladus	Middle R.	Miles	4. DATE Month OF DEATH	129 Year 1959
5. SEX 6. Female	777. 2 4.4	RRIED NEVER MARRIED D	8. DATE OF SIRTH Oct. 5, 1	fact files A. A. Dem	HOUTER TYEAR IF UNDER 24 HRS.
10o. USUAL OCCUPATION (during most of working life Secretary	Give kind of work dane 10 e, even if retired)	b. KIND OF BUSINESS OR INDU		ton, D. C.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	_	
Sherwood B			Anna A.	Grey	
15. WAS DECEASED EVER IN 1965, no. or unknown) (If you No. or unknown)	V U. S. ARMED FORCES?	And the second second	informant rs. Sherwoo	d B. Royston	mother - Item #2
Conditions, if ony, gove rise to immediate (0), stating the under cause lost.	couse DUE TO (c)				
ST.		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GIVEN	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE PRIMARY O or CONTRI CAUSE OF DEATH.	BUTING (20b. DESC	RISE HOW INJURY OCCURRED.	(Enter nature of injury in Pa	rt I ar Part II of item 18.)	
20c. TIME OF INJURY	of al my		ACE OF INJURY (Home, for ctory, street, office bldg., etc.		(County) (State)
actual signature	lack charge of the ulted from: Noture land Fr	e remains described ob	M.D. CHIEF MEDICAL E	Hamicide , Undetern	Inquiry, and in my mined manner DATE SIGNED 6/29/54
220. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or	county) (State)
Burial 23. FUNERAL DIRECTOR'S SI	7-2-59	St. John's			Maryland RAR'S SIGNATURE
Robert A.	Pumphrey,	Bethesda, Ma			MARS SIGNATURE

TO DEPUTY MEDICALE EXAMINER: This certificate should be executed within 24 hours after death. If any delay is need by please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral difference of should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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woberf A. Fumphrey, Bethanks, Maryland Lager S and Colored

FOR STATE HEALTH DEPT.

DEPUTY MEDI EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certifice, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral difference 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. DEUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hegithman is designated agent, prior to burial, crematian, ar removal, and in any event within 72 bauts after death.

TO DEPUTY A	execute the	4 should be	
VS.	. A	15	M
51	UA S	1/4	7

COMOMI	MARYLAND	STATE DEPARTME	NT OF HEALTH-	-BALTIMORE,	18
0314	MEDIC	AL EXAMINER'S	CERTIFICATE	OF DEATH	

06351

Reg.	Diet	No	
MAR.	DIST.	140.	 _
	-		

1. PLACE OF DEATH o. COUNTY			here deceased lived. If institution:	Residence before admission)
Anne Arundel	MARYLAND	o. Same	Same Same	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write RUR	AL and give nearest town)
Pasadena	?	X Pasadena		
d. NAME OF HOSPITAL OR INSTITUTION (If not in her	pitot, give street address)	d. STREET ADDRESS		ts RESIDENCE ON A FARM?
In the woods behind his h	ome.	Bus	senaus Rd.	YES NO X
3. NAME OF First Processed	Middle	Lost	4. DATE Month	Doy Year
(Type or print) Nicolas Mill			DEATH June 20th,	1/
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED X 8.	DATE OF BIRTH	I made & Code Acc. 3	INDER TYEAR IF UNDER 24 HRS.
M MIDOME	D DIVORCED	8/3/84	74 yrs. Mo	nths Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	CIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign country)	2. CITIZEN OF WHAT COUNTRY?
?		Hungary . F	urope.	Naturalized USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
9		2		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
(Yes, no, or enknown) (If yes, give war or dates of service)				
		edentiaas Iou	und in his home.	
18. CAUSE OF DEATH [Enter only one cause per line				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Str	angulation, by l	nangking hims	self to alimb of	
914X DUE TO				
Conditions, if ony, which) (b) a t	ree with a 3/8	inch diamete	r rope.	Sudden
gave rise to immediate cause				
(a), stating the underlying DUE 10				
	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAI DISEASE CONDITION GIVEN I	N PART VOLTO WAS AUTOPSY
PART II, OTHER SIGNIFICANT CONDITIONS CO				PERFORMED?
D 20- SYLEDNAL CAUSE WAS	F. HOME IN HOLD OF COURSES AS			YES NO
S LKIMAKATI OF CONTRIBUTING I	E HOW INJURY OCCURRED. (E			
I BV DAT			a tree with a ro	pe.
2		E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
Hour a. m. 6/20/59 19 While of we	140i Willia	the woods	Pasadena	A.A.Maryland.
21. I certify that I taak charge of the			. Inspection XI I	nauiry X7. and in my
opinion death resulted fram: Natural			The state of the s	1 / - Land
1 control dedition resource realistic realisti	doses [], Accident	J. Sorcide LAL T	idinicide [], Onderermi	ned manner
ACTUAL VILLE TO THE	10 VaraNII	CHIEF HEDICAL EV		DATE SIGNED
SIGNATURE VICENCE AS	and some	M.D. CHIEF MEDICAL EX		
EXAMINER'S		ASSISTANT MEDICA		
NAME (Type) Gustave H. Fauber	t.M.D.	DEPUTY MEDICAL E	XAMINER (2) 6/20/5	9
22g. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or co	unity) (State)
Burial June 22, 19	59 Holy Cros	S Cemetery	Ritchie Hwy.	A.A. Co. Md.
23. PONERAL DIRECTOR'S SIGNATURE	59 Holy Cros	240. REC'D	BY REGISTRAR 246. REGISTRAL	
Yerre 4 Home 4007	Ritchie Hgw		25'59	
		V & I DAIRFFFF		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Anne Arundel Virginia MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond give nearest town)
Jessup 7 months Valney d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Maryland House of Correction YES NO 3. NAME OF Middle 4. DATE Lost Month Year DECEASED Miller 30 59 M. June Thomas (Type or print) DEATH 10 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. lest bir (OY) Months Doys Hours Min 11-28-18 White Male WIDOWED | DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Gainsborough, Virginia U.S.A. T.V.Tester (?) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lafayette Miller Martha Martin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) Maryland House of Correction Records No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic coronary artery disease IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATION PERFORMED? YES K NO 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) (County) (State) factory, street, office bldg., etc.) Not while a. m. at work of wark p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [X]. Inspection . Inquiry | and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER TO SIGNATURE 7/2/59 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Russell S. Fisher, M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220 JURIAL, CREMATION. 22d. LOCATION (City, town, or county) (State) FUNERAL DIRECTOR'S SIGNATE 240. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE arthur S. House

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MARYLAND STATE REPAIRMENTS OF SPECIAL OF SEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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63 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No

1. PLACE OF DEATH o. COUNTY Anne Arun	ndel	MARYLAND	2. USUAL RESIDENCE (W	/here deceased lived. If institu b. COUNT	ntion: Residence be	
	outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16		autside corporate limits, write	RURAL and give	nearest town)
Severn		Few hours ?	Brooklyn 2	3	VO1-4	Mark Inches
	L OR INSTITUTION (If not in h		d. STREET ADDRESS			e. IS RESIDENCE
New Cut Ro	oad		3816 Tentl	h Street		YES NO
3. NAME OF DECEASED (Type or print)	ohn Marrow Moo	Middle re Jr.	lost	4. DATE Monti		Year 19 59
5. SEX		RIED K NEVER MARRIED . 8.	DATE OF BIRTH	9. AGE (In years		IF UNDER 24 HRS
М	W WIDOW		121111111 - 101	3/31 10st birthdoy} 28 yrs.	Months Days	Hours Min.
100. USUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN C	F WHAT COUNTRY
during most of working	r for A & P War	ehouse	Baltimore	e .Md.	U	SA
13. FATHER'S NAME			14. MOTHER'S MAIDEN N			
John M.	Moore		Florence	Cavano		
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES?	S. SOCIAL SECURITY NO. 17. IN	FORMANT	Address		
No. no. er enknown)	(If yes, give wor or dates of service)	215-28-72 7 1 M	rs. Audrey	Moore, Severn, M	id. (wife)
Conditions, if on gove rise to immed (a), stating the u cause last.	by, which (b) INC	outh with a Remi				udden
PART II. OTHI	ER SIGNIFICANT CONDITIONS SE WAS STRIBUTING 206. DESCR	CONTRIBUTING TO DEATH BUT N			VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	1 0007	18 DE LA PLACE 20e. PLACE	CE OF INJURY (Home, farm	, 20f. (City or town)	(County)	(Stole)
20c. TIME OF INJUR Hour e.m. P. m.	Wh	ile Not while facto	ory, street, office bldg., etc.]	Severn	A.A. Mo	
	at I taak charge of the	remains described abo	ve, held an Autaps	. Inspection 2	Inquiry X	1. and in my
opinion death	resulted fram: Natural	causes [], Accident [ermined mann	
ACTUAL SIGNATURE	ustral Kota	wheapelo-	_M.D. CHIEF MEDICAL EX			DATE SIGNED
EXAMINER'S NAME (Type)	Gustave H. Far	bert.M.D.	DEPUTY MEDICAL I		/59	
220. BURIAL, CREMATION REMOVAL (Specify)		22c. NAME OF CEMETERY OR Glen Haven C		22d. LOCATION (City, town, Glen Burnie	or county)	(Stote)
23. FUNERAL DIRECTOR'S	S SIGNATURE	ADDRESS		D BY REGISTRAR 246. REGI	STRAR'S SIGNATU	JRE
McCully Fune	eral Homes 130	E. Fort Ave.	DATEUN	2 4 '59 CM	Loug S. Krau	A

VS. A15ME BM 2/57

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STEELS AND A SELECTION OF THE REMAINING THE STATE OF THE SECOND ASSESSMENT OF THE SECOND ASSESSM Die America Dell a company of the comp will dispositification to common bare they been the State of the terminal and the depart nyewsh and start to the second start Tay Day of Deer Bally forest a beneat Land Ave.

Reg. Dist. No.

CERTIFICATE OF DEATH 6375

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death. Page 4

uneral director, may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the function page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of



1.	PLACE OF DEATH o. COUNTY Anne	Arundel		MARYLAN	2. I	STATE MATY	DENCE (Wh	ere deceased	lived, If institu b. COUNT		ence before	-	_
	b. CITY OR TOWN (I RURAL ond give no Brist		its, write	c. LENGTH OF STAY IN	ТЬ	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bristol							
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION				1	d. STREET A	ADDRESS				•	IS RES	IDENCE FARM? NO	
	NAME OF DECEASED (Type or print)	eorge No	AURI	CE Middle	ORE	LAN	or D	4. DATE OF DEATH	di	onth NO	Doy 12		Yeor 19.5 F
5.	SEX	6. COLOR OF RACE	7. MARI	RIED NEVER MARRIED	B. D/	ATE OF BIRT	Н		9. AGE (In year	IF UNDE	RIYEAR		
	Male	White	WIDOW	ED N DIVORCED	Apr	il 2,	1872		lost birthday	Months	Days	Hours	Min.
10c	USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPI	LACE (Stole	or foreign co	ountry)	12. C	ITIZEN OI	F WHAT	COUNTRY
	Ret. Fer		,	Tobacco		Ann	e Arur	ndel C	ounty, M	1.	USA		
13.	FATHER'S NAME				14		MAIDEN N					-1-	
	Ric	chard F. N	forel	and		Mar	y M.	Stal	lings				
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.		7. INFOR					dress			
{Ye	no or unknown)	(If yes, give wor or doles of :	ervice)	none	Mrs	s Mab	el Ida	a O'Ne	ill	Bris	stol,	Mar	yland
=			use per li	perfor (o), (b), and (c),		4						RVAL BE	
		TH WAS CAUSED BY:	/	Orehal)	17	a se as	- lan				ONS	T AND	DEATH
	22111	IMMEDIATE CAUSE (_	DIGINAL C	NO	y w	wie	100				4	W.
	3341	DUE TO	,										
	Conditions, if o)(
	couse (a), stoting	DITE TO)										
~7	lying cause lost.) (0)										
TIO	PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERMI	NAL DISEASI	E CONDITION G	IVEN IN PA	ART 1(o) 19		RMED?
3												YES 🗌	NO [
CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	JRRED. (Er	nter nature o	of injury in P	Port 1 or Part	11 of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	ar 20d. II While ot wor	Not while	foctory,	OF INJURY (street, office	Home, form, e bldg., etc.	20f. (City	or town)		(County)		(Stote)
	21. I certify th	at I attended the	deceas	ed from 195	0	19	to /) Jun	10.5	5 that	lost so	w the	deceased
	alive on /	3 June	10.	29 and that de	oth occ	curred of	7.200	The con	the causes	1			
	dilve onz		, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	z, und mor de	oni occ	Julieu OL			reet, city or low:		ine dai		ATE_SIGNED
	ACTUAL	11/8/10	220	11 -		7	who	- Sh	rellon	, In	1	10	and s
	SIGNATURE	01000		90	M.D.		44		104 91.0	-4-11	7	1-2/	
	PHYSICIAN'S NAME (Type)	R B Sass	cer	MD			/ / 						
220	BURIAL, CREMATIO	N, 226. DATE THEREC)F	22c. NAME OF CEMETER	Y OR CR	EMATORY		22d. LOCAT	ION (City, town	or county)	(Stot	e)
	Burial	June 20.	1959	Mt Zion Cem	eter	V		Loth	ian Mo	rvlan			
23.	FUNERAL DIRECTOR		1	ADDRESS			240. REC'S	BY REGIST	RAR 24b. REC	STRAR'S	GNATUR		
1	Hoppin	Funeral A	como !	Annapolis.	W.2		DATE JU	N 2 2 '5	9 6	lithur a	& those	A	
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TO HOSPITAL OR NDING PH	moy be retained by	TO FUNERAL DIRECTO	and 2 should be detached for in
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 06356 6315 **CERTIFICATE OF DEATH** Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Anne Arundel County	MARYLAND	2. USUAL RESIDENCE (Where dece	ased lived. If institution: Residence b. COUNTY Anne	Arund e1
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside co	erporate limits, write RURAL and g	give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Anne Arundel General Hospital		/d. STREET ADDRESS Glebe Hgts		e. IS RESIDENCE ON A FARM?, YES NO
3. NAME OF DECEASED (Type or print) PEA	ARL PITKEVI	TS Lost 4. DAT OF DEA		Day Year 1959 19
5. SEX 6. COLOR OR RACE 7. MARR Female White WIDOWI		Feb. 5. 1897		1 YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane 10b. during most of working life, even if retired) House wife	KIND OF BUSINESS OR INDUS		n country) 12.CITI	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Kacmarek		14. MOTHER'S MAIDEN NAME Maggie	(Unknown)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes. no, or unknown) (If yes, give war or dates of service) NO 21		Carl Pitkevits-	Address Husband-Same a	ad # 2
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS C		eardio-vascu		PERFORMED?
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	. (Enter nature af injury in Part I ar	Part II of item 18.)	YES NO
Hour a.m. While		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	City or town) (C	Caunty) (State)
21. I certify that I attended the decease alive an May 1959 ACTUAL SIGNATURE / MAN OF PHYSICIAN'S NAME (Type) Francis I Codd	59 , and that death	occurred at 3:30 PM ro ADDRESS	m the causes and on the 6 (Street, city or town, state)	date stated abave. DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THEREOF Burial Specify June 15, 1959	22c. NAME OF CEMETERY OR St. Mary's C	CREMATORY 22d. LO	CATION (City, town, or county) nnapolis, Maryle	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS nnapolis, Md.	24a. REC'D BY REC DATEN 1 6 '5		

TO HOSPITAL OR ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs contents and be retained.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director. Page 3 shauld be detached for use as the filed by the filed with th

VS A15 (4)9 15M 10/57

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1. PLACE OF DEATH o. COUNTY Ann	e Arundel		MARY		o. STATE		b. COUNTY	nn: Residence		ission)
RURAL and give r	(If outside carporote limit nearest town) wnsville		LENGTH OF STAY		c. CITY OR TOWN (II	autside corpore	ate limits, write R	URAL and giv	re nearest to	wn)
OR INSTITUTION	TAL (If not in hospital, g Wnsville St				d. STREET ADDRESS 424 Che	sapeake	Avenue		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fire Anit		Middle		Pollard	4. DATE OF DEATH	Man 6	th	Doy 12	Year 19 59
Female	6. COLOR OR RACE	7. MARRIED			DATE OF BIRTH	1882	AGE (In years lost birthday) 76 yrs.		YEAR IF UN Pays Haur	1
during most of wor Unknown	ON (Give kind af wark of king life, even if retired)	fone 10b. KII	ND OF BUSINESS O	R INDUSTR	11. BIRTHPLACE (Sto Maryland		untry)		S.A.	AT COUNTR
3. FATHER'S NAME	Brown				4. MOTHER'S MAIDEN Catherin					
	ER IN U. S. ARMED FOR	CES? 16. SO	CIAL SECURITY NO.				Addr	ess		
Canditions, if a gave rise to a cause (a), stoling lying couse last.	immediate (My		Fibro	sis and Deg			FALINI PART 1	VG/ 19 WAS	AUTOPSY
20g. ACCIDENT W.	AS UNDERLYING	-		-	Enter nature of injury in	_		-	PERF YES	ORMED?
20c. TIME OF INJUI Haur a. m. p. m.	MEDICAL EXAMINER) RY Manth, Day, Yea	While	IRY OCCURRED Not while of work	20e. PLACE factor	OF INJURY (Home, far r, street, affice bldg., e	rm, 20f. (City of	or tawn)	(Con	unty)	(Stote)
21. I certify the alive an	hat I attended the 6/12	deceased _, 19_59		1/31 death or	., 1959, to coursed at 8:50 Crownsv.	ADDRESS (Stre		state)	date sta	
PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATIC PREMOVAL (Specify	L. Benedic		2c MAME OF CEME	TERY OR C			on (City, town, o		(St	/13/5
23. FUNERAL PURECTOR	6//3/=	>7	ADDRESS ADDRESS	1-5		C'D BY REGISTR	AR 246/REGIS	TRAR'S SION		<u>a.</u>

cremotion, or removol, and in any event within 72 haurs after death. the registrar priar to buriol,

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF	DEATH
	CERTIFICATE OF

	Keg. Dist. 140.
o. COUNTY In-ne-Grunde MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE May 1949 b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) YOWNSVIIO	1b c. CITY OR TOWN (*Loutside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION YOWNSVILLE State 1703	d. STREET ADDRESS N. Qutya / Que le. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print) ANNIE (An 2) Middle	RICE OF DEATH Month 27 195
6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B b day) Months Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relifed)	NDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT
3. FATHER'S NAME Frank Johnson	14. MOTHER'S MAIDEN NAME Layra
S. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no. or unknown) (If yes, give wor or dates of service)	Cronsville State Hospital Statistical Data
11001	Opneumonia interval Between Onset and Death 16 day.
gove rise to immediate couse (a), stating the under-	rosis Cardiovascular Disease.
Chronic Brain Symptome	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? associated Cyebra Grevisseers Syes No DIRRED. (Enter nature of injury in Part I or Part II of item 18.)
20g. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 Of work Of work	e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City or tawn) (County) (State
21. I certify that I attended the deceased fram October alive an June 27, and that deceased fram October	eath occurred at 12.10 PM, from the causes and on the date stated abo
ACTUAL SIGNATURE (CILLIQUE) del Camp	ADDRESS (Street, city or town, stole) DATE SIGN DATE
PHYSICIAN'S Enrique J. de	1 Campo Crownsville Md.
Removal (Specify) 61965 MT AUB	PY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	PRIOR DATE WAS 2 59 CALLER & FROM

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JENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

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death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6316 CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY A MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RERAL and give nearest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town]
d. NAME OF HOSPITAL/Ilf for in hospital, give street address) OR INSTITUTION: LENEVAL	d. STREET ADDRESS ON A FARM? YES NO N
3. NAME OF DECEASED (Type or print) William +.	Peiley 4. DATE Month Day Year OF DEATH 6 - 28 1939
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caker let	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Reilay	14 MOTHER'S MAIDEN NAME ARY FAYE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. III	NFORMANT / REICH Address # 2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under. Lying couse lost. (c)	THEOMEOSIS INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH OF STOCKES.
CATA	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sqrt{1} \) NO \(\sqrt{2} \)
20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port It af item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctary, street, office bldg., etc.)
	ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) DATE SIGNED ADDRESS (Street, city or town, state)
220. BURGLIS, CREMATION, 226. DATE THEREOF PREMOVAL (Specify) 7-1-59 Holy Curs	R CREMATORY (22d. LOCATION (City, town, or county) (State) Scient Brack Com 3710
23 FUNERAL DIRECTOR'S SIGNATURE Serves ADDRESS STRAPE	Cistal 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUL 1 159 Chrima & thous

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		SEVERAL SECTION AND ADDRESS OF THE PARTY.	
WAS A			
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06361

e. IS RESIDENCE ON A FARM? YES PNO [

Year

-P-	. 6318 CERTIFI	CATE OF DEATH	110301 Reg. Dist. No.
I director, filed with	1. PLACE OF DEATH o. COUNTY Anne Arundel MARYLAN	2. USUAL RESIDENCE (Where deceosed lived. If institution of STATE b. COUNTY	on: Residence before admission Anne Arundel
funera old be	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis c. LENGTH OF STAY IN 2 days	X (Rural) Severn	
E90 25 E	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Anne Arundel General Hospital	d. STREET ADDRESS	e. IS RESIDE ON A FA YES A
ify filled in Pages 1 an	3. NAME OF First Middle DECEASED (Type or print) OSCAT	RISLEY 4. DATE Mon	ne 29 19
pletely ris. Po	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	January 9, 1892 67 yrs.	Months Days Hours
and cam ban pape er death.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Control Laborary full Enfloyee	NDUSTRY 11. 8IRTHPLACE (State or foreign country) Maryland	U.S.
ician e cark	(Unknown) Risley	14. MOTHER'S MAIDEN NAME	el:
ng phys e remav 72 haur	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If yes, give wor or dates of services 218-14-2087	MRS JULIA RISLEY SA	" ts # 2.
attendi en pleas t within	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CAL HEMOREITAGE	INTERVAL BETWONSET AND DE
on. I signed by the sit permit. The in any even	Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse lost. DUE TO DUE TO (b) DUE TO (c)	LEROTIC VASCULAR	ms vala
physicie as beer al-tran aval, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	TEN IN PART 1(0) 19. WAS AUT PERFORM YES TO N

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

Edward S.

22b. DATE THEREOF

Doy, Year

While

Beck

20c. TIME OF INJURY

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

220. BURIAL, CREMATION.

REMOVAL (Specify)

Hour o.m.

p. m.

LHY 19 59 June IF UNDER 1 YEAR IF UNDER 24 HRS OF BIRTH 9. AGE (In years lost birthdoy) Months Days 9. 1892 67 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S. Maryland THER'S MAIDEN NAME INTERVAL BETWEEN ONSET AND DEATH ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 4 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office blda., etc.) Not while ot work ot work 21. I certify that I attended the deceased from That I last saw the deceased and that death accurred at 2:48PM from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 41 Southgate Ave., Anna polis, Md. 22c. NAME OF CEMETERY OR CREMATORY (Stote) 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate h. page 3 shauld be detached far use as the bur IDING PHYSICIAN: T crematian, the registrar prior to burial,

CERTIFI

MEDICAL

VS A1S (4) **ISM 9/SB**

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HEALTH DEPT. y, please Page your files.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 631MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06362

Rea. Dist. No.

-		
	PLACE OF DEATH o. COUNTY A	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY If It is a continuous co
	H. H. CO MARYLAND	A A de
'	b. CITY OR TOWN (If autside corporate limits, write RURAL ond give parest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Annabalis (1)-0.4.)	Millersville - MARY Land.
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS ON A FARM?
6	D.O.A. HNNE ARUNCEL. GEVEROL.	Elvaton - Box 254 GATECHT Rd - YES INOS
1	NAME OF DECEASED (Type or print) (william) Middle	Lost 4. DATE Month Doy Year OF DEATH 6 27 1959
5.		DATE OF BIRTH 9. AGE (In yours IF UNDER TYEAR IF UNDER 24 HRS.
	M WIDOWED DIVORCED	1598 Hout birthday) yrs. Months Days Hours Min.
	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. BIRTHPLACE (State on foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Carpentet Local "101	tinkind 11.7.1.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Nester 1(1570 mak)	(In known
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	Mrs-Hilia Pristomaki Same As#7
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (o) Colored y terre	lare Sulder
	420. DUE TO	
	Conditions, if ony, which gove rise to immediate couse	
	(o), stoting the underlying DUE TO	
1-	couse fost. (c)	
SATIO	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO.
CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Enter nature of injury in Port I or Port II of item 18.)
		CE OF INJURY (Home, form, 120f. (City or town) (County) (State)
MEDICAL	Hour o. m. D. m. 19 of work of work	tory, street, office bldg., etc.)
2	21. I certify that I took charge of the remains described abo	ove, held on Autopsy , Inspection F. Inquiry , and in my
	opinion death resulted from: Natural causes . Accident	
	ACTUAL CO TO MANAGE	DATE SIGNED
	SIGNATURE O PARTIE O	M.D. CHIEF MEDICAL EXAMINER
	EXAMINER'S E. Linhardt	DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY
220	o. BURIAL, CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (State)
22	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1 240. REC'D BY REGISTRAR 240. REGISTRAP'S SIGNATURE
23.	PV Sent Star Chan But	240. REC'D' BY REGISTRAR 240. REGISTRAP'S SIGNATURE
1/	I I I I I I I I I I I I I I I I I I I	" (1/ TIM I DATE duly 3 U 33 (2///// A TUANA

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is need by please execute the certificate ward "pending" in pending in Item. 18. Give Pages 1, 2, and 3 to the funeral diller. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

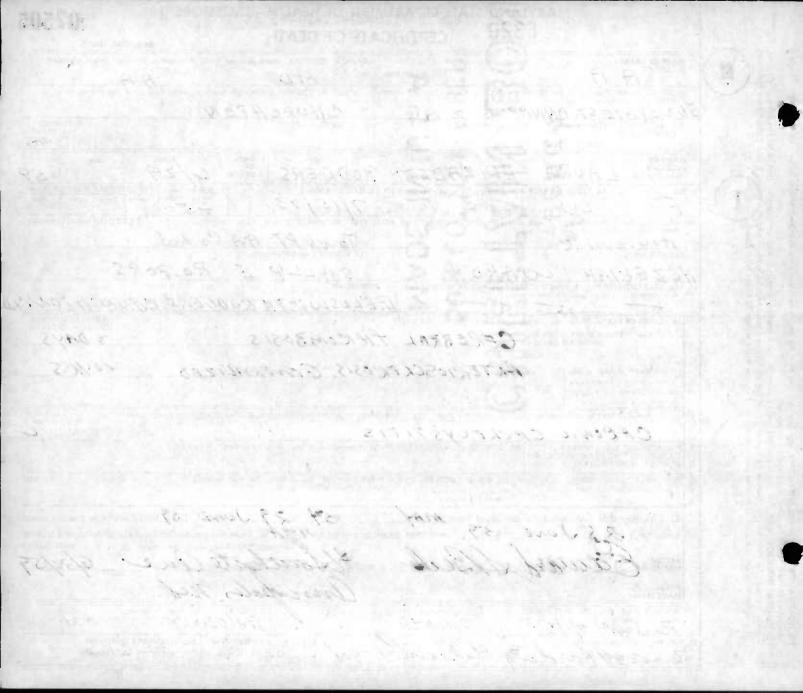
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or remavol, and in any event within 22 hours after death. VS. A15ME 5M 2/57

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9 H	may be retained by the haspital ar attending physician. • FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camp page 3 shauld be detached far use as the burial-transit permit. Then please remave carban paper the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.	
TO HOSPITAL OR INDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours off both. Page 4	may be retained by The haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, bage 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.	
VS	A15 (4)	Λ
124	W 3/28	K

, 0020	CERTIFICAT	E OF DEATH		Reg. Dist. Na.	
a. COUNTY A A	MARYLAND 2.	USUAL RESIDENCE (Where de a. STATE	ceased lived. If institution b. COUNTY	Residence before o	idmission)
RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	CHURCH	carporate limits, write RU	JRAL and give neares	tawn)
d. NAME OF HOSPITAL (If not in hospital, give street or OR INSTITUTION Own home	idress)	d. STREET ADDRESS	7 0 70		S RESIDENCE ON A FARM? ES NO
NAME OF DECEASED (Type or print) LAURA First	ZABETH R	ODGERS 4. D.		h Day	Year
SEX 6. COLOR OR RACE 7. MARRIE WIDOWED		7/15/73	9. AGE (In years last birthday)	Months Days H	UNDER 24 HR
Da. USUAL OCCUPATION (Give kind of wark dane 10b. Kinduring mast of warking life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	A Co Md	12. CITIZEN OF W	HAT COUNTRY
HEZERIAH WAR		4. MOTHER'S MAIDEN NAME	= ROG	ERS	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC Yes, no, or unknown) (If yes, give wor or dates of service)		RMANT LLSWORTH A	Addr ODUERS,	ess	17011
1B. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	far (a), (b), and (c).]	*RomBOSIS	.0002712,	INTERV	AL BETWEEN AND DEATH
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO DUE TO (b) 41-7.	ERIOSCLERO.	SIS, GENERA	ALIZED	roy	185.
20g ACCIDENT WAS LINDERLYING TO 20h DESCR	EVSTITIS RIBE HOW INJURY OCCURRED. (8			1	WAS AUTOPS PERFORMED? ES NO
OR CONTRIBUTING CAUSE OF DEATH	TOWN TOOK! OCCORNED. (E	and harde at injury in rais re	ar rain ir ar new to.,		
20c. TIME OF INJURY Manth, Day, Year 20d. INJ Haur a. m. While at wark	Nat while factory	OF INJURY (Hame, form, , street, affice bldg., etc.)	. (City ar tawn)	(Caunty)	(State
21. I certify that I attended the deceased alive an a sure, 195		coursed at 1 2 MM, f		d an the date st	
PHYSICIAN'S NAME (Type)	M.D	annopos	les med.	,	- y - S -
20. BURIAL, CREMATION, REMOVAL (Specify)	22c. NAME OF CEMETERY OR CE	REMATORY 22d. I	OCATION (City, town, o	ir county)	(State)
Buce Harduly &	Leculle	240. REC'D BY R	O 59 24b. REGIS	TRAR'S SIGNATURE	



VS. A15ME(5) 5M 9/55

0

22g. BURIAL CREMATION, 22b. DATE THEREOF

REMOVAL (Specify)

Burial

Sherwood Cemetery 1959 23. FUNERAL DIRECTOR'S SIGNATURE DATEUN 1 0 '59

22c. NAME OF CEMETERY OR CREMATORY

Orthur & Kraus

22d. LOCATION (City, town, or county)

116363

20X-0

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO [

DATE SIGNED

(Stote)

6/4/59

(Stote)

YES IX

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Days

USA

e, IS RESIDENCE

YES NO

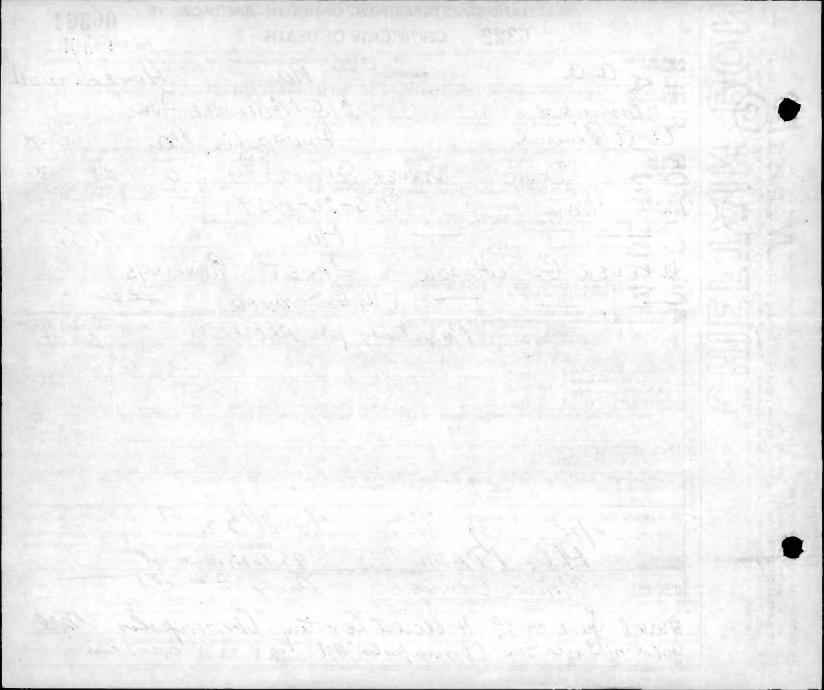
Year

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FOR STATE HEALTH DEPT.



TO DEPUTY MEDI EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nect by please execute the certified, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral discretional should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hauts, after death. I

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VS. AISME \$M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6378

06365

	COUNTY Anne	Arundel		MARYL	AND	2. USUAL RESIDENCE (V			institut OUNTY	- V	lence be	fore odm	ission)
b	. CITY OR TOWN (If a		RURAL	c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN (IF		porote limits	, write	RURAL on	d give r	eorest lo	wn)
	Margate .P.	O.Glen Bur	nie	few minute	88	Sykesville			0	6 X	, 2		
-				ospitol, give street oddress)		d. STREET ADDRESS						e. IS R	ESIDENCE
	Marle	y Creek				Route 1 L	ibery	Rd.					A FARM?
1	NAME OF DECEASED Type or print)	Gary Mich		Middle Schroeder		Lost	4. DATE OF DEATH	June	Month 26		Day		rear 959
5. S	EX		-	HED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In		IF UNDER	RIYEAR		ER 24 HRS.
	М	W	WIDOW			1/19/4/1 19	4.3	15	yrs.	Months	Doys	Hours	Min.
10a.	USUAL OCCUPATION	Y (Give kind of work	done 10b.	KIND OF BUSINESS OR IN	NDUSTR'	11. BIRTHPLACE (Stote	ar foreign	country)	7	12. CIT	IZEN O	F WHAT	COUNTRY?
d	uring most of working None	life, even if retired)				Baltimore,	Md.			US	A		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N							
	Wa 1t	er Schroed	er			Alma Mar	tinez						
15.	WAS DECEASED EVE	IN U. S. ARMED FO	RCES? 16	SOCIAL SECURITY NO.	17. INI	ORMANT	03.2202	-	Address				
[Y 05,	ne, er unknown)	If yes, give war ar dates at	service)	538 988	Mr	. Walter Sc	hronde		the	.)			
	19 CAUSE OF DEATH	4 [Enter only one con	se per line	for (o), (b), and (c).	1.11	• HOT GOT DO	un oca	or /10	, dillo		INITE	RVAL BETW	FFNI
		WAS CAUSED BY:	1		or mi	na					ONS	Sudd	ATH
	9200	MMEDIATE CAUSE (0)	A	ccidental Dr	OWITI	TIB .					1	Juud	217
	127.8	DUE TO											
	Conditions, if an	ote cause											
	(a), staling the vi												
	couse last.) (c)									1		
CATION	PART II, OTHE			CONTRIBUTING TO DEATH									RMED?
CERTIFICATION	20g. EXTERNAL CAUS PRIMARY LAGO CON CAUSE OF DEATH.	E WAS	b. DESCRI	BE HOW INJURY OCCURR			-						
· .	20c. TIME OF INJURY	Month, Doy, Yes	We 20d	nt in the wa	ter	and 50 feet	from	shore	Was		cen '	with	(Stote)
MEDICAL	Hour a.m.	, , , , , , , , , , , , , , , , , , ,	Whi	le Not while	foctor	y, street, office bldg., etc.	.)	y or 10 km,		ice	omyj		(31010)
M	3.30 p.m.	6/26/59 19				y Creek		argate		L.A.	Md		
H	21. I certify the	at I taak charge	af the	remains described	abav	e, held an Autaps	у 🔲, Т	nspectiar	X.	Inqui	ry X	, an	d in my
	apinion death	esulted fram: 1	Vatural	causes . Accide	ent 🗶], Suicide [], I	Hamicide	e . U	ndeter	mined	mann	er 🗌	
			NO)								DATE	HONED
	SIGNATURE SIGNATURE	uscape,	1.	sever W	1	M.D. CHIEF MEDICAL EX	XAMINER []				DATE	SIGNED
	EVALUATION					ASSISTANT MEDIC	AL EXAMINE	ER 🗀					
	EXAMINER'S NAME (Type)	ustave H.	Fa 11	bert.M.D.		DEPUTY MEDICAL	EXAMINER	P	6/	26/50	2		
220	BURIAL, CREMATION	1, 226. DATE THEREC	F	22c. NAME OF CEMETER	Y OR C	REMATORY	22d. LOCA	TION (City,	town, o	county)		(Stol	e),
1	REMOVAL (Specify)	June 30	1959	Lorrain	no		IN	lood	an	n		mo	
23.	FUNERAL DIRECTOR'S	SIGNATURE	/	ADDRESS		240. REC'	D BY REGIS	TRAR 24b		TRAR'S SI			ALC: UNIT
		- 1		411 Windsor						Chun &			

STER minutes profession and artist . At crashi I espail aring Greek . 12 . 2 . 2 . 2 . 2 . 2 . 2 . 2 traffett de restant per ent , mi and the water and in that the earth year farm with the re-I nitroit by entered a support militer of no local management of the pool of the or of the

VS A1S (4) 1SM 9/S8

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6323 tem 2 FilmG244 7-1-59 et CERTIFICATE OF DEATH

a. COUNTY	Anne Arunde	2	MARYLAI		usual residence (W a. STATE Marvl		b. COUNTY	Residence bel		
	(If autside carporate lim	its, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF					
RURAL and give	nearest tawn)		3 days	>	Mill	ersville				
d. NAME OF HOSE OR INSTITUTION	PITAL (If nat in haspital, g	1.000		1	d. STREET ADDRESS	Box 271-	A Seve	rn Rd.	ON	SIDENCE A FARM?
3. NAME OF	Fi		Middle	11/	11////////	4. DATE	44 4			
(Type or print)	Mary	rsr	T.	SH	EARER	OF DEATH	June	19	Day	Year 19 59
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8. D	ATE OF 8IRTH	9. AC	GE (In years	F UNDER 1 YEA	-	
Female	White	WIDOW	ED DIVORCED	D	ec. 14, 187	18	BO yrs.	Manths Days	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	dane 10b.	KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (State	ar foreign cauntry)	12. CITIZEN	OF WHAT	COUNTRY?
At hom		-			Jamestov	vn, ALA		USA	A	
3. FATHER'S NAME			N. Democratic	1.	MOTHER'S MAIDEN	NAME				
	John To	les			Susie	e Dubarr	v			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT		Addre	ss		
No.	(If yes, give wor or dates of s	Hervice)	None	Wr	n. R Powe	ell-415 F	enn St	Balt	timo	re, M
	EATH [Enter anly one co	use per li						IN	TERVAL 8	ETWEEN
	EATH WAS CAUSED 8Y:	-		1	+ HRomi	2055		10	SET AND	DEATH
220V	IMMEDIATE CAUSE (c		FREDKA	~	The out	1030			2 42	<i>y</i>
332X		DI	TERIOSCIEN	0.5	11 10-	-ucon/	m -1		nel	
Conditions, if	immediate	PIC	ICILIOXIEA	6-3	S, 66	VENTA	40	0	runn	6000
cause (a), stating	g the under- DUE TO							THE		
lying cause last)								
PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERM	AINAL DISEASE CON	NDITION GIVE	N IN PART 1(a)	PERF	ORMED?
5 01	ONCHOP	NE	MONIA	-					YES [NO 🕡
OR CONTRIBUTIN	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	JRRED. (E	nter nature af injury in	Part I ar Part II af	item 18.)			
20c. TIME OF INJU	. 10	ar 20d. I While at war	Nat while		OF INJURY (Hame, fari street, office bldg., et		wn)	(Caunt)	r)	(State)
		dana	16	1.	111059 1 /	19 1.01	105 Gu		- 0	1
	that I attended the	,			2/1857, ta/					
alive an	130000	Z, 195	and that de	eath ac	curred at 9:37A					d abave. TE SIGNED
ACTUAL	Da	11	100 1		12.0	ADDRESS (Street,		ate)	12015	O SIGNED
SIGNATURE	dellera	11/	7 JUNO	M.D.	41 Sou	ithgate A	ve.,	- 6/	17/5	7
PHYSICIAN'S NAME (Type)	Edward S.	Beck			Annapo	olis, Md	•			
22a. BURIAL, CREMATI REMOVAL (Specif	ION, 22b. DATE THEREC	OF.	22c. NAME OF CEMETE	RY OR CE	EMATORY	22d. LOCATION	(City, tawn, ar	caunty)	(Sta	te)
Burial	6/23/19	959	Chattanoog	a, N	emorial	Chatt	anooga		Tenn	
23. FUNERAL DIFECTO			ADORESS		24a. REC	D BY REGISTRAR	24b. REGIST	RAR'S SIGNAT	URE	
Ellsworth	Armacost-	4600	Liberty Hg.	nts.	Ave. DATE J	UN 25 '59	and	hun & the	AUA	

Amount of the court of the cour	ndebarro anua			deligant grad	
Sendo Dano (an an a	olitve	e fize	s tab t		toquank
Park (and a line) and a line (and a line) and a color (and a line) and	Complete	itany i ataomi	Leid	non Terrorpo In	
Total					
John Poles Wint R Fowell-ell Pang of Feagures Wint R Fowell-ell Pang of Feagures Wint R Fowell-ell Pang of Feagures Wint R Fowell Pang of Feagures Wint R		46.E			
	000	awase as let			const 2A
				John Toles	
	i-tiš Pengliji s Betinostoji	Beron R. S. W	St. mar		
		I 454 or	ATTENDO		50/100
	Mary 1885 A. S. Santa A. S. Santa				
The control of the co					

death. Page

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

may be retained. The haspi
TO FUNERAL DIRECTOR: After
page 3 shauld be detached for
the registrar priar to burial, c

	o. COUNTY An	ne Arunde	1,	MARI	rland 2	o. STATE	ence (who		lived. If institu b. COUN	TY .		odmission)
	b. CITY OR TOWN (I RURAL ond give no Lothian	f autside carporote limits orest town)	, write c. LI	ENGTH OF STAY	II.		own (If or		ote limits, write	RURAL ond	give neare	st town)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, giv	ve street addre			d. STREET A	DDRESS					IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Certrude	Cr	middle	10 8	herte	it	4. DATE OF DEATH	(1	onth	Day	Year 1959
S.	SEX F		7. MARRIED [NEVER MARRI		oril 4	, 18	88	GE (In year of birthday	Months Months	-	F UNDER 24 HRS. Hours Min.
100	during most of work Housewif	N (Give kind of wark doing life, even if retired)		of Business of Home			ACE (Stote of	10	untry)		TIZEN OF	WHAT COUNTRY?
13.	FATHER'S NAME					4. MOTHER'S	MAIDEN N.	AME				
	Julius	E. Crande	11		-	Bet	uria	Ways	on			
15. (Ye		IN U. S. ARMED FORC		AL SECURITY NO). 17. INFO	RMANT			Ac	ddress		Eart
6	No	wa e-a			Gert	rude	Sher	bert-	- Lo	thian	a, Me	d.
CERTIFICATION	Conditions, if a gove rise to it case (o), stating lying couse last. PART II. OTHER TOTAL OF CONTRIBUTING	the under- DUE TO (c)_ ER SIGNIFICANT COND		RIBUTING TO DE	ATH BUT NO		THE TERMIN	NAL DISEASE		IVEN IN PAR		
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.		While	OCCURRED Nat while at work	20e. PLACE factor	OF INJURY (I	tome, farm, bldg., etc.)	20f. (City o	or tawn)	(County)	(State)
220	21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S GNAME (Type) BURIAL, CREMATIO REMOYAL (Specify) BURIAL (Specify)	We ems N, 22b. DATE THEREOF 6/18/59	, 1259 , M.D.	and that	M.C	Hunt	IP I	M, fram DDRESS (Street	The causes bet, city or town Md •	and an t		v the deceased stated above. SATE SIGNED (State)

AT STOMULAGE BUTTER OF THE	MARVIAND STATE DIPARTME
	C379 CERTIFICA
	Daniel Storm
	HI M AN THE ZE HASSELL THE STANDARD AND
	E DESCRIPTION OF THE PROPERTY
The second resident of the second sec	Lit. 25 1 and become an eastern of the digital and Lit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06368

		6380 ^{MI}	DIC	AL EX	KAMIN	IEK'S	CERTII	FICA	E OF	DEATH	Reg.	Dist. No		
	PLACE OF DEATH				MAR	YLAND	- 57.75	EIDENCE (V	Vhere deceas	ed lived. If instit b. COUN		dence be	fore odm	ission)
- 1	. CITY OR TOWN (III	ndel outside corporate limits, wri	e RURAL	c. LEN	GTH OF STAY	IN 16			outside corp	porote limits, writ	RURAL	nd give r	egrest to	wn)
	and give nearest town)			0										
	Glen Burn		If ant in t		years		AS. STREET	AMA DDRESS					To 15 0	ESIDENCE
	615 Elizab		ir nor in t	ospiici, giv	re sireer oddie	naj		ame					ON	A FARM?
3.	NAME OF DECEASED (Type or print)	Fi	hryo	ck	Middle		Los		4. DATE OF DEATH	June 2		Day		fear 9 50
5.	SEX	6. COLOR OR RACE	7. MAR	RIED N	VEVER MARRIE	D 8.	DATE OF BIRTH			9. AGE Iln years		R TYEAR		ER 24 HRS
	М	7.7	WIDOW		DIVORCED	_	6/1/5	ורו		lest birthday) \$2 yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPATION	N (Give kind of work	-	-	BUSINESS OR	INDUST	RY 11. BIRTHPL	ACE (Slole	ar foreign o			TIZEN O	F WHAT	COUNTRY
(Retired	life, even if retired)						aska				USA		
13.	FATHER'S NAME						14. MOTHER'S	MAIDEN N	IAME					
	Bert Shrv	o ole					Unkne	4 700						
15.	WAS DECEASED EVE		RCES? 1	6. SOCIAL	SECURITY NO	. 17. 10	FORMANT	IMII		Addres	1			
{Y+		(If yes, give war or dates of	service)											
	No				9-7858	Мэ	s.Miche	I J.N	lajoro	s (daugh	ter)	T		
		H [Enter only one co	use per li	ne for (a), (b), and (c).]							ONS	RVAI BETW ET AND DE	EEN ATH
		H WAS CAUSED BY:) C	orona	ry Occ	lusio	on.					S	udde	n
	4-201	DUE TO												
	Conditions, if on	y. which } (b	,											
	gove rise to immedi	iole couse		*******										
	(o), stating the us	nderlying 100 10												
CATION	PART II, OTHE	ER SIGNIFICANT CON	IDITIONS	CONTRIBUT	TING TO DEAT	TH BUT N	OT RELATED TO	THE TERMI	INAL DISEASI	E CONDITION G	VEN IN PA		9. WAS PERFO YES []	AUTOPSY RMED? NO
CERTIFICATION	20g. EXTERNAL CAUSE PRIMARY OF CON CAUSE OF DEATH.	SE WAS TRIBUTING	Ob. DESCR	RIBE HOW I	NJURY OCCU	RRED. (E	nter noture of in	jury in Par	t f or Part It	of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o.m.	Y Month, Day, Ye	WI	hile h	OCCURRED	20e. PLAC	CE OF INJURY (I	Home, form bldg., etc.	20f. (City	or lown)	(C	ounty)		(State)
~		at I laak charge	-	-	- Land	d aba	va hald an	Autone		······································	l lanu	: (P))	al to
								-		rspection X		iry K	- County	d in my
	opinian death r	resulted fram:	Natura	causes,	XX, Acci	deni [_, Suicide	e [],	Hamicide	Undel	ermined	mann	er 🔲	
	ACTUAL SIGNATURE ESC	estare	HI	ne	chea	Sus	M.D. CHIEF A	MEDICAL EX	AMINER				DATE	SIGNED
			. ,			11	ASSISTA	NT MEDIC	AL EXAMINE	R 🔲				
	EXAMINER'S NAME (Type) G	ustave H.	Faub	ert.M	.D.		DEPUTY	MEDICAL	EXAMINER E	6/	22/50			
220	BURIAL, CREMATION	22b. DATE THERE	OF .	22c. NA	ME OF CEME		CREMATORY		22d. LOCAT	TION (City, town,	or county)		(Stat	e)
	Burial	June 26	0/59		Lakewo	bod	Cem.			reapoli		inn		
23.	FUNERAL DIRECTOR'S	SIGNATURE	11	AD	DORESS				D BY REGIST		ISTRAR'S S			
7	13 Land 1	12 sinst	Von	GTE	n Burr	nie	Md.	DATEJU	N 25 '5	9 0	rehun &	then	46	

VS. A15ME 5M 2/57

TO DEPUTY Mi AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is resorved to the certificate ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral directions of the formanded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6381 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06369

1. PLACE OF DEATH	ne Arundel		MARYLAI		USUAL RESIDENCE			tution: Resider		
	f outside corporate limits, write	PHOAL	LENGTH OF STAY IN		c. CITY OR TOWN (land				
and give nearest town	1)	L.	ELHOIN OF STAT III				porole limits, will	S KOKYE OUG	11 1	~
	st River				Clir	iton			16 X -	-
d. NAME OF HOSPII	AL OR INSTITUTION (II	r nai in nospirai	, give street oddress)		d. STREET ADDRESS	3 D	021		0	RESIDENCE N A FARM?
					Rout	e T B	ox 234		YES	□ NO □
3. NAME OF DECEASED	First		Middle		Lost	4. DATE OF	Mor	nlh	Day	Year
(Type or print)	JOSI		LEROY		SNOuffer	DEATH	Jui	10	23,	19 59
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DAT	E OF BIRTH		9. AGE (In years	IF UNDER T		IDER 24 HRS
Male	White	WIDOWED [DIVORCED [Jar	1. 24- 191	18	lost birthdoyl		Days Haun	Min.
	ON (Give kind af work d	ane 10b. KIND	OF BUSINESS OR IND	OUSTRY 1	1. BIRTHPLACE (Stot	e or fareign o			EN OF WHA	T COUNTRY
Assit. Fi	ON (Give kind of work d ng life, even if retired) re Chief	Andr	ews A.A. Fe	orce	Base T	/irgini	0-	USA		
13. FATHER'S NAME					MOTHER'S MAIDEN				•	
Otto Snou	ffan				thel M. H					
	ER IN U. S. ARMED FOR	CES2 14 50C	TAL SECTION NO. 12	7. INFOR		7011 0011.	Addre			
(Yes, no, or unknown) Yes	18June 43-14	Jan46								
Tes	100011947-14	-081140		MITT	lred E. Sr	louller	Same	as # 2.		
PART I. DEA' S 5 × Conditions, if o gave rise to Imme (o), stoting the cause lost.	diote couse	Drowni	ng						ONSET AND I	
CATIC	HER SIGNIFICANT COND							IVEN IN PART	1(a) 19. WA PERI YES X	ORMED?
	NTRIBUTING []		Fell off	of 1	ooat		at item 15.)			
20c. TIME OF INJUINGS			RY OCCURRED 20e.	PLACE OF	INJURY (Home, for	m, 20f. (City	or town)	(Covi	nly)	(Stole)
5:05 p.m.	June 21,195	9 at work	Not while of ot work		ater		River	Anne A	runde!	L Md.
21. I certify the	not) took charge	of the rem	oins described o	bove,	held on Autop	sy 🛣 Ir	spection	l. Inquiry	√ ∏, one	find the
	from Notural						ndetermined		_	
ACTUAL	1102 /12	17 18 64			CHIEF MEDICAL	YAMINED [7]			DATE	SIGNED
SIGNATURE [AL	10000	000/)	M.C	ASSISTANT MEDIC		p (17)		6/21	150
EXAMINER'S NAME (Type)	William V.	Lovitt,	Jr., M.D.		DEPUTY MEDICAL				0/21	+/ >7
	June 26 -	22c.	NAME OF CEMETERY				ION (City, town,			ole)
230 FUNERAL DIRECTOR	0 166	l- Good	ADDRESS Hope Road	S.E.		D BY REGIST	RAR 24b. REG	SISTRAR'S SIGI	NATURE	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tem 9, etc., FilmG246 8-18-59 et CERTIFICATE OF DEATH

08715.

	63	82	CEKTIFIC	AIE OF DEAI	Н		Reg. Dist. No	
1. PLACE OF DEATH o. COUNTY	Anne Arund	el	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Mary	Where deceased li	b. COUNTY	Anne Ar	
b. CITY OR TOWN RURAL ond give Annapo		its, write	c. LENGTH OF STAY IN 16	c. city or town (i		e limits, write RU	RAL and give ne	arest town)
OR INSTITUTIO	PITAL (If not in hospitol, in h			d. STREET ADDRESS 207 Chester	· Ave.,			ON A FARM?
3. NAME OF DECEASED (Type or print)	John	rsl	Middle	Lost SNOWBALL	4, DATE OF DEATH	Monti June	Do	y Yeor
5. SEX Male	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED DIVORCED DI	8. DATE OF SIRTH	oprox.	AGE (In years lost birthday) 54 yrs.	Months Doys	Hours Min
10a. USUAL OCCUPA during most of w	TION (Give kind of work vorking life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Sie	ite or foreign cour	niry)	12. CITIZEN C	OF WHAT COUN
13. FATHER'S NAME		2		14. MOTHER'S MAIDEN	NAME	2		
15. WAS DECEASED E	VER IN U. S. ARMED FOR (If yes, give wor or dates of	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addre	958	
	immediate DUE TO	Ju	bay and Ef	With Card	Nary Calif	and		ERVAL BETWEEN SET AND DEATH
OTATION TO STATE OF THE STATE O			CONTRIBUTING TO DEATH BY	TNOT RELATED TO THE TER			N IN PART 1(o)	PERFORMED?
	WAS UNDERLYING [] NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	206. DES	CRISE HOW INJURY OCCURRI	ED. (Enter noture of injury i	n Port 1 or Port II	of item 18.)		
20c. TIME OF INJ Hour o. n p. n	n. 10	ar 20d. II While of wor	Not while fo	LACE OF INJURY (Home, fo octory, street, office bldg., e	rm, 20f. (City or etc.)	town)	(County)	(Sto
21. I certify alive on	that I attended the	deceas , 123	7	n occurred of life			nd an the do	the deced te stated abo DATE SIG
PHYSICIAN'S NAME (Type)I	R. L. Richar	dson		Annapoli	s, Md.			
220. 8URIAL, CREMA' REMOVAL (Speci	TION, 226. DATE THEREC)F	22c YAME OF CEMETERY C	OR CREMATORY	22d. LOCATIO	N (City, town) or	county)	(Stote)
23. FUNERAL DIRECTO	or's signature ese Funeral	Home	ADDRESS e, 108 Washin		C'D BY REGISTRA		RAR'S SIGNATU	
			Annap	36.0			A. Tien	44

A THE PROPERTY OF THE REAL PROPERTY AND

FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is nect by please execute the certificate, withing the word "pending" in pending in them, 18. Give Pages 1, 2, and 3 to the funeral dr. T. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event filiping? hours after death.

0

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6383 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1, 5	Anne Arun	del		M	ARYLAND	2. USUAL RESIDENCE (V	Where deceas			e before adr	nissian)
b	. CITY OR TOWN (If and give negres) town)	oulside corporate limits, write	RURAL	c. LENGTH OF ST	'AY IN 1b	c. CITY OR TOWN (II	f autside corp	porate limits, write	RURAL ond g	ve neorest t	own)
d	Eirleigh	Heights.	f not in hos	Few Inst	tants		ore		3 VOI	la 35	RESIDENCE
				prior, grio 11100, ac	u, e e e e		nden Av	Zen us		10	A FARM?
3. 1	NAME OF DECEASED	Fir	il	Middle		Lost	4. DATE		h	Doy	Year
(Type or print)	Joseph	L. ST	eaks			DEATH	June 3	rd.		19 59
5. S	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MAR	RIED 2 8.	DATE OF BIRTH		9. AGE (In years loss birthday)		-	-
	M	Colored		to and		2/15/37		22 yrs.	MORINS DO	ys mours	Min.
10a.	uring most of working	life, even if retired)	dane 10b. K	IND OF BUSINESS	OR INDUSTI			ountry)			COUNTRY?
13.		-								***************************************	
	John Sp	eaks				Irene Brow	van.				
15.	WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY N	NO. 17. IN	FORMANT		Address			
1,02	No	fir yes, give war or agres or	213	3-30-9210	Ire	ne Speaks (n	nother	2141 Li	nden Av	e. Bal	t.
	18. CAUSE OF DEAT	H [Enter anly one cou	se per line	far (o), (b), and (c).	}				T	INTERVAL BETV	TERN
			F	cacture of	f skul	1. Crushed ch	nest.			Sudde	n
	812X	DUE TO									
	cause last.										
8	PART II, OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERMI	INAL DISEASE	CONDITION GIV	VEN IN PART 1	a) 19. WAS	AUTOPSY DRMED?
2	DA BYTPALLA GALL									YES 🗌	но 🌉
_	PRIMARY TO OF CON CAUSE OF DEATH.	IKIBUTING L							he rear		
MEDICA	1.50 p. m.	Month, Doy, Yea 6/3/59 19	White	A Not white_	facta	v. street, office bldg. etc.	1			the same and	(Slole)
	21. I certify th	at I took charge	of the r	emains describ	ed abov	e, held an Autops	y D, In	spection F	Inquiry	[2]. or	d in my
	opinion death	esulted from: N	Natural c	auses [], Ac	cident 2	, Suicide , I	Hamicide	☐. Undele	rmined ma	nner \square	
	4	- NE	5	Sul		15 T TO A . 1					
	SIGNATURE SIGNATURE	istant 1	an	hespiror.		M.D. CHIEF MEDICAL EX	AMINER [DATE	SIGNED
	EXAMINER'S NAME (Type)	Gustave H.	Faub	ert,M.D.					59		
220.					METERY OR	REMATORY	22d. LOCAT	ION (City, Town,	or county)	1/1 15for	•}
23	FUNERAL DIRECTOR'S	SIGNATURE	0/	ANDRESC	wo	01.16/11.	156	the s	1/	11/1	
Y	nrs Kar	ti R21,	llin	se Se	how	XIV)	*****				
	3. 1 15. 15. 17. 1. 17. 1. 17. 17. 17. 17. 17. 17.	b. CITY OR TOWN III and give nearest town. Firleigh d. NAME OF HOSPITA GOVERNOR 3. NAME OF DECEASED (Type or print) 5. SEX M 10a. USUAL OCCUPATION during most of working Hucks 13. FATHER'S NAME John Sp 15. WAS DECEASED EVERY (Yes, no. or unknown) NO 18. CAUSE OF DEAT PART I. DEATI (a), stating the uncouse lost. PART II. OTHI PART II. OTHI 20c. TIME OF INJUR 1.50 p. m. 21. I certify the opinion death ACTUAL SIGNATURE EXAMINER'S NAME (Type) 22a. BURIAL, CREMATION TRANSCORPERS 22b. BURIAL, CREMATION TRANSCORPERS 22c. BURIAL, CREMATION TRANSCORPERS TRANSCORPERS 22c. BURIAL, CREMATION TRANSCORPERS TRANSCORPERS 22c. BURIAL, CREMATION TRANSCORPERS TRANSC	a. COUNTY Armde Arundel b. CITY OR TOWN (If outside corporate limits, write and give neorest town) Eirleigh Heights, d. NAME OF HOSPITAL OR INSTITUTION (I GOVERNOR Ritchie Hi 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE M Golored 10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if relired) Huckster 13. FATHER'S NAME John Speaks 15. WAS DECEASED EVER IN U. S. ARMED FOI (If yes, give wor or dates of the content of	D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Eirleigh Heights. d. NAME OF HOSPITAL OR INSTITUTION (If not in hos). Governor Ritchie Highway 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIE MIDOWERS M Colored WIDOWERS 100. USUAL OCCUPATION (Give kind of work dane) 10b. K during most of working life, even if refired) Huckster 13. FATHER'S NAME John Speaks 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (If yes, give war or datas of service) 18. CAUSE OF DEATH [Enter only one couse per line) PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) 8 1 2 X DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CO PART II, OTHER SIGNIFICANT CONDITIONS CO 200. EXTERNAL CAUSE WAS PRIMARY D'OR CONTRIBUTING COUSE 12. I certify that I took charge of the ropinion death resulted from: Natural CAUSE OF DEATH. 21. I certify that I took charge of the ropinion death resulted from: Natural CAUSE OF DEATH. EXAMINER'S GUSTAVE H. Faube CAUSE NAME (Type) GUSTAVE OF DEATH FAURON 122b DATE THEREOF RAMOVAL (Specify) 220. BURIAL CREMATION 122b DATE THEREOF REMOVAL CREMATION 122b DATE THEREOF	D. CITY OR TOWN (If outside corporate limits, write FURAL or degive nearest lewn) Eirleigh Heights. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street and process lewn) First MARKE OF DECEASED (Type or print) Joseph L. Speaks 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR MIDOWED DIVORCE during most of working life, even if retired) Huckster 13. FATHER'S NAME John Speaks 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yea, give war or dots of service) NO 213-30-9210 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). FART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIVORCE (b), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIVORCE (c). The OF INJURY Month, Doy, Year 1.50 p. m. 6/3/59 19 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIVORCE (c). The OF INJURY Month, Doy, Year 20d, INJURY OCCURRED White Not wink Copinion death resulted from: Natural causes Accuse (Type) CAUSE OF DEATH. SIGNIFICANT CONDITIONS CONTRIBUTING TO DIVORCE (C). The OF INJURY Month, Doy, Year 20d, INJURY OCCURRED White Not wink Copinion death resulted from: Natural causes Accuse (Type) CAUSE OF DEATH. SIGNIFICANT CONDITIONS CONTRIBUTING TO DIVORCE (C). The OF INJURY Month, Doy, Year 20d, INJURY OCCURRED White Not wink Copinion death resulted from: Natural causes Accuse (Type) CAUSE OF DEATH. SIGNIFICANT CONDITIONS CONTRIBUTING TO DIVORCE (Type) CAUSE OF DEATH. SIGNIFICANT CONDITIONS CONTRIBUTING TO DIVORCE (C). Accuse (Type) CAUSE OF DEATH. SIGNIFICANT CONDITIONS CONTRIBUTING TO DIVORCE (C). Accuse (Type) CAUSE OF DEATH. SIGNIFICANT CONDITIONS CONTRIBUTING TO DIVORCE (C). Accuse (Type) CAUSE OF DEATH. SIGNIFICANT CONDITIONS CONTRIBUTING TO DIVORCE (C). Accuse (Type) CAUSE OF DEATH. SIGNIFICANT CONDITIONS CONTRIBUTING TO DIVORCE (C). Accuse (Type) CAUSE OF DEATH (C). Accuse (Type) COLOR OR TOWN (C). Accuse (Type) COLOR OR TOWN (C). Accuse (Type) COLOR OR TOWN (C). Accuse	D. CITY OR TOWN (If outside carparate limins, write EURAL c. LENGTH OF STAY IN 16 end give necest level) Firleigh Heights. Few Instants d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) COVERNO RICCASED First Middle COLOR OR RACE First MARRIED NEVER MARRIED 8. M. COLOR OR RACE MIDOWED DIVORCED	ANNE OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) D. CITY OR TOWN II transfer carpaides limbs, write RURAL Eirleigh Heights G. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. SAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. SAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. SAME OF DECEASED GOVERNOR RITCHIE Highway J. SAME OF DECEASED (Itype or print) J. SPEN J. SPEN J. COLOR OR RACE J. MARRIED NEVER MARRIED DIVORCED J. S. DATE OF BIRTH 2/15/37 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Huckster J. FATHER'S NAME JOHN Speaks J. MAND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole Baltimon 12. MOTHER'S MAIDEN IT Tenne Broth J. MOTHER'S	D. CUNTY OR TOWN III callide carpatons limits, write PLEAL D. CITY OR TOWN (If outside carpatons limits, write PLEAL C. LENGTH OF STAY IN 1b Eirleigh Heights, G. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give direct address) Covernor Ritchie Highway 2. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give direct address) Covernor Ritchie Highway 2. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give direct address) Covernor Ritchie Highway 2. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give direct address) Covernor Ritchie Highway 2. NAME OF COLOR OR RACE First M. Colored M. Color of RACE J. MARRIED DIVORCED DIVORCED DIVORCED DIVORCED 10. BEITHPLACE (Stole or foreign or Beithplace) Baltimore, Md. Baltimore 12. NAME DECEASED (If you, give work or defeats of survey) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? Is. SOCIAL SECURITY NO. IS. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PARTI. DEATH WAS CAUSED BY: BALTIMORE IS. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PARTI. DEATH WAS CAUSED BY: BALTIMORE IS. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PARTI. DEATH WAS CAUSED BY: BALTIMORE IS. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PARTI. DEATH WAS CAUSED BY: BALTIMORE IS. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PARTI. DEATH WAS CAUSED BY: BALTIMORE SMANNET IS. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PARTI. DEATH WAS CAUSED BY: BALTIMORE SMANNET IS. CAUSE OF DEATH. BALTIMORE	D. COUNTY Arunded D. COUNTY OF TOWN I III outside corporate limits, write FUEAL cody in recent lateral D. COUNTY OF TOWN III outside corporate limits, write FUEAL cody in recent lateral D. COUNTY OF TOWN III outside corporate limits, write FUEAL cody in recent lateral D. COUNTY OF TOWN III outside corporate limits, write FUEAL cody in the fuer lateral cody in the f	D. COUNTY (IT COUNTY (IT COUNTY (IT COUNTY C	B. CHIEF Arundel D. CHIEF ROWN III subside experse from, write FUPAL D. CHIEF ROWN III subside experse from, write FUPAL D. CHIEF ROWN III subside experse from, write FUPAL E. LENGTH OF STAY IN 10 C. CHIY OR TOWN III subside experse from, write FUPAL E. LENGTH OF STAY IN 10 C. CHIY OR TOWN III subside experse from, write FUPAL E. LENGTH OF STAY IN 10 C. CHIY OR TOWN III subside experse from, write FUPAL E. LENGTH OF STAY IN 10 C. CHIY OR TOWN III subside experse from, write FUPAL E. LENGTH OF STAY IN 10 C. CHIY OR TOWN III subside experse from, write FUPAL E. LENGTH OF STAY IN 10 C. CHIY OR TOWN III subside experse from, write FUPAL E. LENGTH OF STAY IN 10 C. CHIY OR TOWN III subside experse from, write FUPAL E. LINE OF STAY IN 10 C. CHIY OR TOWN III subside experse from, write FUPAL E. SHE III III III III III III III III III I

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06371

CERTIFICATE OF DEATH 620%

0004	Reg. Dis	t. No.
1. PLACE OF DEATH o. COUNTY Anne Arundle MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Maryland b. COUNTY	e before admission)
b. CITY OR TOWN (Moutside corporate limits, write RURAL and give recores town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and a Glenburnie	ive nearest town)
d. NAME OF MOSPITAL (If not in hospital, give street oddress) OR INSTRUCTION 1428 Oakdale Rd.	/ d. STREET ADDRESS 1428 Oakdale Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECEASED (Type or print) Lewis George	Sponheimer 4. DATE Month June 2	0 , Year 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	April 27, 1885 rost birthdoy) Months 74 yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crossing Watchman N.J.Central	STRY 11. BIRTHPLACE (Stote or foreign country) Berlingsville, Pa.	ZEN OF WHAT COUNTRY
13. FATHER'S NAME Rueben Sponheimer	Lydia Kline	
(Ver an an unbanne) (14 · · · · · · · · · · · · · · · · · · ·	oformant Address elen H. Sponheimer 1428 Oak	dale Rd.
18. CAUSE OF DEATH [Enter only one couse per line for (g), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), storing the under- sying couse lost. (c)	tic C.V.D.	S years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 204. DESCRIBE HOW INJURY OCCURRE		1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter noture of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. n. p. m. 19 While Not while of work	ACE OF INJURY (Home, farm, 20f. (City or town) (Cotory, street, office bldg., etc.)	ounty) (Stote)
21. I certify that I attended the deceased from \$. 13.5 olive on		ast saw the deceased the date stated above DATE SIGNED
220. BURIAL, CREMATION, Burial, (Specify) June 24,1959 Arlington	R CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after depth. NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft TO HOSPITAL OR

VS A15 (4) 15M 9/55

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Ang 8	ALL THE PRINCE STANCE	tuelae circi e	To the control of the	
	SALES HOMBIGE STANCE			TO THE STATE OF TH
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pegistrar within 72 hours after death. After this by the funeral director, the third copy of this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6324 CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Anne Arundel MARYLAND	STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (It outside corporata timits, writa RURAL end give naerest town)
OR and give nearest town) TOWN Annapolis, Md (in this place)	Nown Selby on the Bay
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital	/ STREET (If rural give location) / ADDRESS 6th avenue, .
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) John James Sween	ey OF June 1, 19 59-
male 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE (15, 1893 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
09. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret.	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S. A
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Eugene Sweeney	Henrietta Coulter
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes, no, or unk.) (If Yes prive wer or dates of service)	James Sweeney Kentland, Maryland -
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
163 X IMMEDIATE CAUSE (A) Cancerd 1	Music o
ANTECEDENT CAUSE(S) DUE TO	1
DISEASES OR CONDITIONS, IF ANY, (B)	atteria :
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. DUE TO	
(C) 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
96. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20 AUOPSY? YES NOOTH
18. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Steta)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while at work	216. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5-3/	1955, to 5-316, 199, that I last saw the deceased
alive on 5.34.5.9 and that death occurred a	
SIGNATURE AND THE DESIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNED
It I ml M Illithe M.D. (Encopolis My. 61.57
3. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	LOCATION (City, town, or county) (Stele)
Burial Date THEREOF NAME OF CEMETERY OR Burial Arlington No.	ational Arlington Virginia.
4. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
ATE SHAN E 150 Parties P. M.	F. Gasch's Sons Hyattsville, Md.

WARTERN STATE DIPARTMENT OF HEALTH-DALKMORP. 18-HIANG TO TIMOPETARS IN MAIN . . autoway mid to Sweeney Tune I. European Taratteett reasons menall in y there is The second secon WEDSTREY COSCULTO ing in no south a well of The salety and the salety of t a The Salver Company

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6385 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06374

Reg. Dist. No.

I. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Anne Arundel MARYLAND	o. STATE Maryland b. COUNTY Anne Arundel
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	c. CITY OR TOWN (If autide corporate limits, write RURAL and give nearest town)
Glen Burnie	X Glen Burnie
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	4. STREET ADDRESS e. IS RESIDENCE
519 Greenway S.E.	519 Greenway S.E. ON A FARM?
3. NAME OF First Middle	Last 4. DATE Month Day Year
OECEASED (Type or print) FDTTH	TRUMBULL DEATH June 24. 1959
	8. DATE OF BIRTH 9. AGE (In your IFUNDER TYEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	30 yrs. Manths Days Haurs Min.
10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	
during most of working life, even if retired)	Poland 11. Sol.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(Unknown) Bahesuk	Markon won
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address (she Comment of the Comment of th
(fes, no, or unknown) (If yes, give war or dates of service)	less didney Pholle [Jon Burney No.)
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Totter infiltmetic	n of liver
A-0	
Conditions, if any, which) (b) Chronic alcoholis	m
gave rise to immediate cause	
(a), stating the underlying DUE TO	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
OI V	PERFORMED? YES ☑ NO ☐
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (CAUSE OF DEATH.)	Enter nature of injury in Port I of Port II of item 18.)
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	, , , , , , , , , , , , , , , , , , , ,
	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Haur a. m. While Not while for	Tary, street, affice bldg., etc.)
21. I certify that I took charge of the remains described about	
the state of the s	
deoth resulted from: Notural causes X, Accident , Su	icide, Homicide, Undetermined cause
ACTUAL MILL MANAGEMENT	DATE SIGNED
SIGNATURE	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S LITTING IT TOTALL TO ME	ASSISTANT MEDICAL EXAMINER 6/24/59
NAME (Type) William V. Lovitt, Jr., M.D.	DEPUTY MEDICAL EXAMINER
220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or county) (Slote)
Tanpel Ty June 5-9 (then Heven	(2/2n/2urniz, 1911.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Hen I dulyel	Md - DATEUN 29'59 Couling S. Knows

VS. A15ME(5) 5M 9/55

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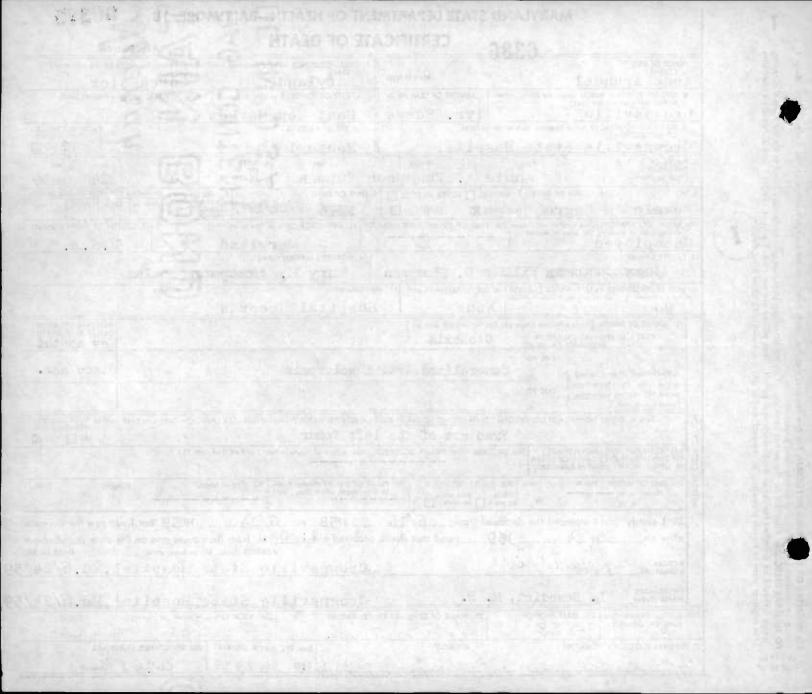
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VS A15 (4)

15M 10/57

page

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Dorchester c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES TO NO T Year 19 59 IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys 12. CITIZEN OF WHAT COUNTRY U.S.A Adkins Address INTERVAL BETWEEN ONSET AND DEATH Few months Since Adm. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO IX (County) (State) _____, 1958, to 6/24 _____, 1959, that I lost sow the deceased 159____, and that death occurred ot 1:20AM, from the causes and on the date stated obave. ADDRESS (Street, city or town, state) Crownsville State Hospital.Md.6/ PHYSICIAN'S NAME (Type) L. Benedict. M. D. Crownsville State Hospital Md. 6/24 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE arthur & Klines



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6326

CEPTIEICATE OF DEATH

06376

		, 001	90	CERTI	IICAI	L OF DEA	4111		Reg. Dis	t. No.	
	PLACE OF DEATH o. COUNTY Anne An			MARY		usual RESIDENC o. STATE Marylan		d lived. If institut b. COUNTY	ion: Residenc	e before od und el	Imission)
	b. CITY OR TOWN (I RURAL and give no Annapo		Is, write	c. LENGTH OF STAY	IN 1b	Annapol		rote limits, write	RURAL ond g	give nearest	town)
_	d. NAME OF HOSPIT	AL (If not in hospital, g Arundel Gen				d. STREET ADDRE	SS			0	RESIDENCE N A FARM?
	NAME OF									YES	S NO X
	DECEASED (Type or print)	JULI		WanCle	Ve	Last	4. DATE OF DEATH	June		1959	Year 19
	SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIE		ATE OF BIRTH		9. AGE (In years			NDER 24 HR
F	emale	White	WIDOW		-	une 21. 1	906	lost birthdoy) 52 yrs	Months	Doys Hou	urs Min.
	. USUAL OCCUPATIO	ON (Give kind of work of king life, even if retired)	done 10b.							ZEN OF WI	HAT COUNT
	House v			wn home		Atlanti	c. Iowa		1	USA	
3.	FATHER'S NAME				1	4. MOTHER'S MAIL				,	
	Ko	ckhoocknoockn	wh Pa	ter Morrie	COTT	Kethen	ine Pugh				
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR					Tue rugii		dress		
(Ye	is no, or unknown)	(If yes, give war or dates of so	ervice								11
-	no l	no				orris Edw	ard Vanu	Lewe- Hi	isband-		
		ATH [Enter only one co TH WAS CAUSED BY:	use per lir	ne for (a), (b), and (c).]		1	1 1	n			L BETWEEN
	PARI I. DEA	IMMEDIATE CAUSE (o)	1 Cl	ente N	my or	analytens	Curla	retrev			INLITE
	420.1	DUE TO			1				74.10		
	Conditions, if o	ny, which) (b)	,								
	gove rise to i	mmediate (
	lying couse lost.	rne <u>under-</u>									
Z		JER SIGNIFICANT CON	1	ONTRIBUTING TO DEA	TH BUT NO	T PELATED TO THE	TEPANNAI DISEAS	E CONDITION CI	VEAL IN DA DT	1/-1/10 14/	AC ALITORS
CATIO		1000		. 20.		- HELATED TO THE	FRAMINAL DISEAS	L CONDITION GI	TEIN HA PAKI	PE	RFORMED?
E C	20- ACCIDENT	1481412	1	rele his	,					YES	□ NO X
ERTI	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	ZUB. DESC	CRIBE HOW INJURY OF	CURRED. (I	inter nature of inju	ry in Port I or Port	I II of item 18.)			
3 8			lac :		00 5:15						
MEDICAL	20c. TIME OF INJUR Hour o. m.		While	Not while	Zue. PLACE foctory	OF INJURY (Home, street, office bldg	form, 20f. (City	or town)	(C	ounty)	(Stote
	p. m.	19	ot work	t of work							
	21. I certify th	at I attended the	decease	ed from Mass		_, 1957 , to	News	1059	,that I le	mad amus di	h. d
	alive an\	4 in	10 (death as		20				
	Quive ou		, 17_3	inar , and mar	aeain ac	curred at 1.2		n the causes of		e date st	
	ACTUAL	T. John	1			~ ()	eff i	reer, city or town,	storej	,	DATE SIG
	SIGNATURE	MV NV 11X	YAA	MAN	M.D	-4-7-7-	2 Whole	a.K.			168
	PHYSICIAN'S	Tab. II II.d	0200	MD		1		01	10.0		, ,
	NAME (Type)	John H. Hed	eman	TID .		- Cla	marie	actes,	MY.		
720	NAME (Type)	N, 22b. DATE THEREO		22c. NAME OF CEME	TERY OR CI	EMATORY	22d. LOCA1	NON (City, town,	or county)	19	Stote)
	NAME (Type)	N, 27b. DATE THEREO	F	22c. NAME OF CEME							State)
	BURIAL, CREMATIO REMOVAL (Specify)	June 18,	F			tery		polis, N	or county) STRAR'S SIG	nd	State)

NDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours e haspital or attending physician. TO HOSPITAL OR

FOR STATE HEALTH DEPT. EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is new yr please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral of Str. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, are its designated agent, prior to burial, cremation, ar removal, and in any event, whim 72 hours after death.

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VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6387

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1)	6	3	7	7	

	reg. Dist. 140.
1. PLACE OF DEATH o. COUNTY A. CO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE WBS H, DC b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write PURAL ond give necrest laws) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
D.O.A. FlamE ARUNDEL, general	126 1014, ST, SE, YES NO
3. NAME OF DECEASED (Type or print) Paul Middle M. WAS A	Grand Pearl Control of Death Control of
5. SEX 6. COLOR PRACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED DI	P. AGE (In years lest birthdoy) 9. AGE (In years lest birthdoy) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KKNO OF BUSINESS OR INDUSTI during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) DC 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Hallie bushington
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (If yes, oo, or sunknown) (If yes, give war or dates of service)	gues Charlingto 126-125515E
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED 8Y: JMMEDIATE CAUSE (o)	enclosis reck Susten
Conditions, it ony, which) (b) Fracture Sk	ull
gave rise to immediate cause (a), stating the underlying cause lost. (b)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
206. DESCRIBE HOW INJURY OCCURRED. (Ed. PRIMARY OF CONTRIBUTING	nter noture of injury in Part I or Port II of item 18.) Le 50-killed by a car while he was
While Not while tacto	CE OF INJURY (Home, form, 20f. (Cily or town) (County) (State) by, street, office bldg., etc.) nr. Annapolis AACO. MO
21. I certify that I took charge of the remains described above	
opinion death resulted from: Natural couses . Accident	
SIGNATURE O Bur Lach	_M.D. CHIEF MEDICAL EXAMINER [
EXAMINER'S E. LINGARDY.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 5
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMOVAL (Specify) 6-17, 59 M. Olive	CREMATORY 22d. LOCATION (City, town, or county) DC (State)
23-FUNERAL DIRECTOR'S SIGNATURE DOUBLE ADDRESS 1838 = 20	DATEUN 1 6 '59 Orthun & Kraus

206 - newspaper account 6/15/59

Glen Burnie, Maryland DATE

24g. REC'D BY REGISTRAR

JUN 9

24b. REGISTRAR'S SIGNATURE

Orthur & times

99 A 15 (4) 15M 9/58

Hopping and Kirkley Funeral Home

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VS A15 (4) 15M 9/55

			632	8	JIAIL DEI	AKIM		EALIN		MORE,	10	063	379
			00%		CER	TIFICA	ATE OF E	DEATH			Reg. Di	_	
1. PLACE C		VE ,	A-RU	UV.	DELM	ARYLAND	2. USUAL RESID	DENCE (Who	ere deceased li	b. COUNT		ce before oc	Imissian)
RURA	ond give	A PO	415			AY IN 16	10 AN	TOWN (IF a	POL1	le limits, write	RURAL ond	give nearest	tawn)
48° N	adisc	n Pla	in hospital, g	ive street	oddress)		d. STREET A	MAD	150N	PLA	CE	0	RESIDENCE N A FARM?
3. NAME O DECEAS (Type or	ED	AL	BEK	T	LUTHE	Idle V	NAVS	ON	4. DATE OF DEATH	Jui	onth VE	6.	Yeor 1959
5. SEX	1		R OR RACE	WIDOWE		RCED 🔲	MAY L	t. 18	70 9.	AGE (In year lost birthday)	Months	Doys Ho	Urs Min.
10a. USUAI	MOST OF WE	ION (Give korking life, ev	ind of work ren if retired	Retii	KIND OF BUSINES	S OR INDU	STRY 11. BIRTHPL	ACE (Stole of	for foreign cour	(vi)	12. CIT	U, S.	HAT COUNTRY
13. FATHER	* HA	, W	ESLI	EX	WAY	SON	14. MOTHER'S	WRIE	AME ETTA		5	HER	HER
15. WAS DE			ARMED FOR	1 .	social security 12–18–780		NFORMANT A	LVIA	1 WI	4 Y50%	dress 140	1 Po	PLAR
18. CA		ATH WAS C		-	e for (o), (b), and ERE!	(a)] 3RA	L HE	=110	RRA	GF.			L BETWEEN AND DEATH
gave	rise to	any, which immediate g the <u>under-</u>	(b	A	RTERI	0.56	LERO!	5/5,	61	EN	/		
20g. AG OR CO (IF EITH				DITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE C	ONDITION G	IVEN IN PAR	PE	AS AUTOPSY RFORMED?
		AS UNDERLIG CAUSE Y MEDICAL		20b. DESC	CRIBE HOW INJURY	OCCURRE	D. (Enter nature a	f injury in P	ort 1 ar Part II	af item 18.)			
	AE OF INJU laur a. m. p. m.		Day, Yea	20d. It While at wari	Not while of work	20e. PL	ACE OF INJURY (I ctory, street, affice	Home, farm, bldg., etc.)	20f. (City ar	town)	(0	County)	(State)
21. 1	certify t	that I atte	ended the	decease	ed from		, 19	, to		19	that I	last saw t	he decease
alive	an			_, 12	, and th	at death	accurred at.	6Pi	_M, from 1				tated above
ACTUA	TURE_	essi	J.	W	Thin	2	M.D	186	DDRESS (Street	st, city or town	n, state)	-61	PATE SIGNED
PHYSIC	(Type)	JE	3551	= 1	1 W/	LKI	W.S.	Um	uful	no	20	di	
Puri	/A1 (Specifi	ON, 225. D	e 9. 1	959	Cedar		Cemetery		226 LOCATIO	N (City, town			Stote)
THE RESERVE OF THE PARTY OF THE		R'S SIGNATI	A special services	1	ADDRESS			240. REC'D	BY REGISTRA	R 24b. REC	SISTRAR'S SIC	NATURE	12.9
порр	rug 1	unera	1 Home	Ar	mapolis,	Mary.	land	DATE JU	N 9 '59	0	lithur S.	Maria	

MADVIAND STATE DEPARTMENT OF HEALTH DALTIMODE TO

CERTIFICATE OF DEATH

THE REPORT OF SHARING SECTION AND THE PROPERTY OF SHARING STATES AND ADDRESS OF SHARING STATES.

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Application of the property of

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

leg.	Dist.	No.	

1. PLACE OF DEATH o. COUNTY Anne Arundel. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Reside of COUNTY Anne Arundel). 3. STATE Maryland b. COUNTY Anne	
b. CITY OR TOWN (If outside corporate limits, write RURAL one ond give nearest town) Severn c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and X Severn	d give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) /d. STREET ADDRESS	e. IS RESIDENCE
Old Mill Road 100 ft. east of old Telegraph Box 174b	YES NO
3. NAME OF First Middle Rd. Lost 4. DATE Month OF June 16 (Type or print) Marion G. Whisman	5 Day Year 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In yours IFUNDER	17
	Days Hours Min.
10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF INDUSTRY 11 BIRTHPLACE (State or foreign country)	IZEN OF WHAT COUNTRY
during most of working life, even if retired)	USA
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	ODA
Marco Whisman Pelina Waddle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes. no. or unknown If yes, give wor or dotes of service)	//
Yes 1929 - 1930 213-18-1115 Mrs Mary Bell Whisman-Wife	e-same as#2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Acute Coronary Thrombosis.	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which) (b)	
gave rise to immediate cause (a), staling the underlying DUE TO	
couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTION CO	PERFORMED? YES X NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While at work at work at work 19 to wo	unty) (State)
21. I certify that I taak charge of the remains described above, held an Autapsy K, Inspection , Inquir	ry , and find that
death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined cause	
RON O	
ACTUAL (X X MILES CHIEF MEDICAL EXAMINED TO	DATE SIGNED
SIGNATURE M.D. CHIEF MEDICAL EXAMINER	6/16/60
ASSISTANT MEDICAL EXAMINER	6/16/59
SIGNATURE M.D.	6/16/59
SIGNATURE EXAMINER'S NAME (Type) ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Nown, or county)	(State)
SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 22b. DATE THEREOF 122c. NAME OF CEMETERY OR CREMATORY 122d. LOCATION (City flows or couldness)	(State)

TO DEPUTY MED EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is necessary, pour the certifical writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be_relatined for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial transit permit. File pages 1 and 2 with the registrar prior to burial.

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VS. A15ME(5) 5M 9/55

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH with his telephone, and his hander to her 1000 AND THE THE STORY WELL THE STREET STATE OF THE STATE OF T NA PRESENT SPECIFUL STATE and the state of Tell ave 1953 Chargo No Entrope Cont. Sample A STATE OF THE STA

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CEPTIFICATE OF DEATH

			CERTIFICA	AIL OI DEAT			Reg. Dist. N	lo.	
o. COUNTY	nne Arundel		MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary		lived. If institution b. COUNTY			
	N (If outside corporate limits, we nearest town) 118	rite c. LENGT	TH OF STAY IN 16	c. CITY OR TOWN (If	outside corpor	ote limits, write RI	URAL and give	nearest tow	n)
d. NAME OF HO	SPITAL (If not in hospital, give s			d. STREET ADDRESS 184 Duke of	Glouce	ster St.		ON	SIDENCI A FARM
3. NAME OF DECEASED (Type or print)	Dorothy	L	Middle WI	Lost NCHESTER	4. DATE OF DEATH	Mon June	th	Day 1	Year 1959
s. sex Female		MARRIED NE	VER MARRIED	8. DATE OF BIRTH		P. AGE (In years last birthdoy)	Months Day	-	ER 24 H
10a. USUAL OCCUPA	ATION (Give kind of work done working life, even if retired)	ANNAPO	BUSINESS OR INDU			untry)	12. CITIZEN	OF WHA	T COUN
13. FATHER'S NAME	ERT WIN	ICHES	TER	14. MOTHER'S MAIDEN AGNES	NAME	LAME	3		
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FORCES?		CURITY NO. 17.	AGNES	WIN	CHEST	ER	#	,
	DEATH [Enter only one couse DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (a),	(b). ond (c).}	, To	lino		0	S M	DEAT
Conditions, i gove rise to cause (o), state lying couse to	immediate DUE TO	Car	cener	ra of	Ty,	bla	dda	1 m	2/
PART II. 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NOT	OTHER SIGNIFICANT CONDITION	ONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(a		ORMED:
20a. ACCIDENT OR CONTRIBUT	WAS UNDERLYING [] 20b.	DESCRIBE HOV	V INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port	II of item 18.)			
20c. TIME OF IN Hour o. p.	m. 10 V	Od. INJURY OCC	whilefo	ACE OF INJURY (Home, forectory, street, office bldg., etc.)	m. 20f. (City	or town)	(Count	(y)	(Sto
21. I certify alive an(that attended the dec			58, 19, ta_6 accurred at11:30	P.M. fram		that I last		
ACTUAL SIGNATURE	Dolmen .	Dans	J. A.	м.D. 98 Cat	ADDRESS (Str hedral	St.,	stote)		ATE SIG
PHYSICIAN'S NAME (Type)	Edwin DAVIS,	Ur.		Annapo	lis, Mo	l			D. C. Adv. Cal. cal. Ca
3/19/41	June 4-19	09 8%.	MARYS	CEMETERY	ANA	ON (City, town, o	or county)	(Sto	1 P.
23. FUNERAL DIRECT	OR'S SIGNATURE	- Sout	RESS	240. REC	D BY REGISTR	AR 24b. REGIS	STRAR'S SIGNAT	TURE	

may be retaine. The haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the tuneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hages after death.

death. Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

TO HOSPITAL OF VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-HALDMORE, 18

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	PLYSAN				3.35
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	Local Control			MAY A TON	N. XAS. BUT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06382

6389 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) COUNTY o. STATE Baltimore City Anne Arundel MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Crownsville yrs. Baltimore 27 days d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Crownsville State Hospital 1200 Valley Street YES NO K NAME OF DECEASED Middle 4. DATE Month Day Year 59 Winters 6 (Type or print) Abraham DEATH Louis 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 9. AGE (In years gast birthday) Negro Months Days 10/15/67 WIDOWED IC DIVORCED | Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Maryland Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Winters Julienne Steward INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Hospital Records No Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hypostatic Pneumonia DUE TO Congestive Heart Failure Conditions, if any, which gave rise to immediate DUF TO couse (a), stating the under-Arteriosclerotic Heart Disease lying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO ------20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) foctory, street, office bldg., etc.) MEDI o. m. While Not while ot work at work 1959, that I last saw the deceased 21. I certify that I attended the deceased fram 2:00 61 alive an and that death accurred M. fram the causes and an the date stated above. ADDRESS (Street, city or town, state) Crownsville State Hospital, Md. ACTUAL SIGNATURE PHYSICIAN'S L. Benedict. M. D. Crownsville State Hospital, Md. NAME (Type) 22b. DATE THEREOF 22g BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 08D. Crownsville. 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Throng

page may 0 VS A15 (4) ISM 9/S8

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registrar

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MAN CONTRACT	elect allreadens	• • •	Long a complete	
		ne Villagill		

CERTIFICATE OF DEATH

06384

0330	CERTITION	CERTIFICATE OF DEATH		Reg. Dist. No.	
O. COUNTY ANNE ARUNOS	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE MARYLAND	b. COUNTY	before admission) ARUNDE	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpord) X GLEN BURN	4	e nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION FURNACE BRANCH	ROAD	J. STREET ADDRESS FURNACE BRANC		e. IS RESIDENCE ON A FARM? YES NO	
NAME OF DECEASED (Type or print)	Middle	Lost 4. DATE OF DEATH	Month	Day Yeor	
Kingson a Vellerian was away		8. DATE OF 818TH	lost birthday) Months D	YEAR IF UNDER 24 H	
la. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)		1.1100	yrs. 12. CITIZ	EN OF WHAT COUN	
HOUSE WIFE -		14. MOTHER'S MAIDEN NAME	Pa. U.	S,.A.	
LEVIIS CARBAUGE S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC		CARULINA	HIPPENS	TEIL	
Yes, no. or unknown) (If yes, give wor or dates of service)	OCIAL SECURITY NO. 17. 1	Us Edna Meader	un Glen B	respic.	
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (o), (b), and (c).]	Vascular Colla	pse	INTERVAL BETWEEN	
Conditions, if ony, which) (b) Ce	rebral Vd	cular Acciden	-	3wks	
gove rise to immediate couse (a), stating the under-lying couse lost.	per tensii	ie Cardiovasi	ular Ducise	Since19	
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	(e) 19. WAS AUTOP: PERFORMED? YES NO	
200. ACCIDENT WAS UNDERLYING 206. DESCR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part 1 or Part	II of item 18.)		
20c. TIME OF INJURY Month, Day, Year Hour o. m. While of work	Not while to	ACE OF INJURY (Home, form, 20f. (City ctory, street, office bldg., etc.)	or town) (Co	unty) (Sto	
21. I certify that I attended the deceased	Cil	, 1956, ta 6/6	, 19 <u>57</u> ,that I la		
ACTUAL SIGNATURE LOO and b.	at M.D	ADDRESS (Str	the causes and an the cet, city or town, state) Ave Brook	date stated ab	
PHYSICIAN'S Leonard Ho	Flax, N.D	Baltinor	e 25, md.		
20. BURIAL CREMATION, 22b. DATE THEREOF 6/9/1959	22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATI	ON (City, town, or county)	(Stote)	
3 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Memes boto	24a. REC'D BY REGISTR	7.7 200	IATURE	

TO HOSPITAL OR A NOING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after with. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, or remaval, and in any event within 72 hours after death.

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VS A15 (4) 15M 10/57

